# death. Page 4 may be retained. The haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director. page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after degular. ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of

TO HOSPITAL OF

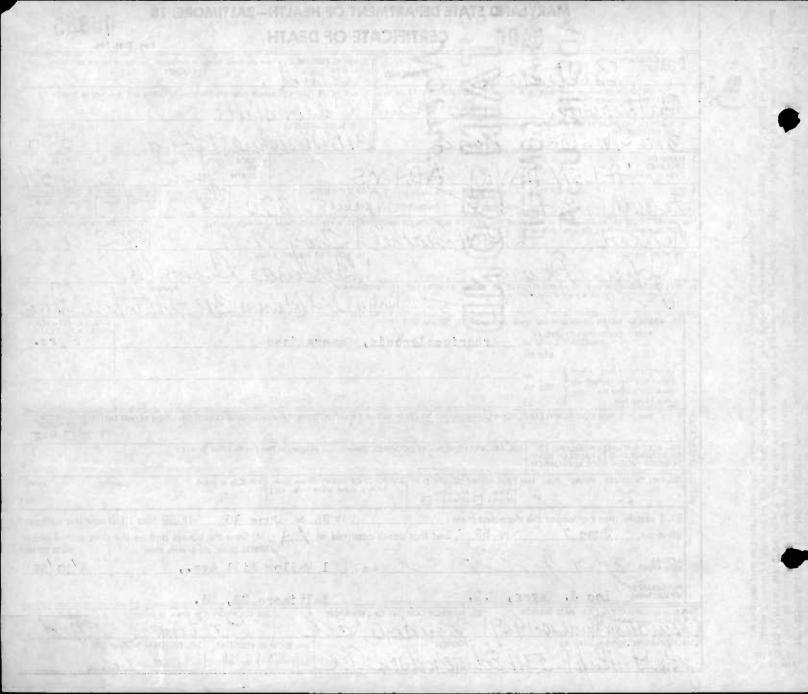
VS A15 (4) 15M 10/57

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
6406	CERTIFICATE	OF	DEATH	D

06385

Reg. Dist. No.

1	1. PLACE OF DEATH BALLIMORE, MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
1	b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 RURAL and give neorest town)  5 YO .	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in haspital, give street address)  OR INSTITUTION  OR INSTITUTION	d. STREEL ADDRESS 310 Westshise Road  e. 15 RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) HELEN'DAVRY' ADA	MS Last 4. DATE Month Day Year OF DEATH June 10 1959
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	July 8, 1870 (ost helifoly) Months Doys Haurs Min.
/	10a. USUAL OCCUPATION (Give kind of wark done 10b. FIND OF BUSINESS OR INC	2 Troy n. 4. 25.9
	13. FATHER'S NAME	Barbara Brownlee
	(Yes, no forfunknown) (It yes, give war or dates of service)	Su D. adams 310 Westshire Road
	18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterioscleros	is. Generalized Interval Between ONSET AND DEATH 5 yrs.
	Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse last.	
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUCAGE OF DEATH  OR CONTRIBUTING  CAUCAGE  CIFETHER, NOTIFY MEDICAL EXAMINER	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO K
		RED. (Enter nature of injury in Port I or Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 While Not while at work of twork	PLACE OF INJURY (Hame, form, foctory, street, affice bldg., etc.) 20f. (City or town) (County) (Stote)
		th occurred at A: M, from the causes and an the date stated above.
	ACTUAL SIGNATURE AND A. SONOW	ADDRESS (Street, city or town, stote)  ADDRESS (Street, city or town, stote)  DATE SIGNED  M.D. 1 Mallow Hill Ave. 6/10/59
1	PHYSICIAN'S LOO J. GAVOR, M.D.	Baltimore 29, Md.
	PREMOVAL (SCHOOL) 226. DATE THEREOF 22c. NAME OF CEMETERY LINE (1959)	OR CREMATORY 22d. LOCATION (City, Jown, or county) (Stote)
	23-FUNERAL DIRECTORIS SIGNATURE ADDRESS 400 J. Journ 5311 Edmondson	DATE JUN 1 1 '59 Chilling & Kraus



may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

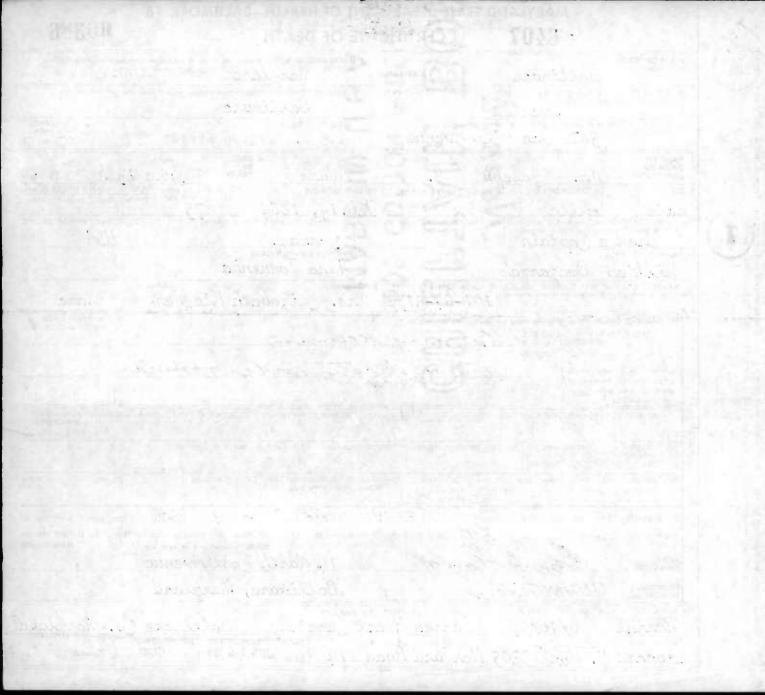
TO HOSPITAL OF VS A15 (4) 15M 9/58

death. ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs as

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
6407 CERTIFICATE OF DEATH 6407

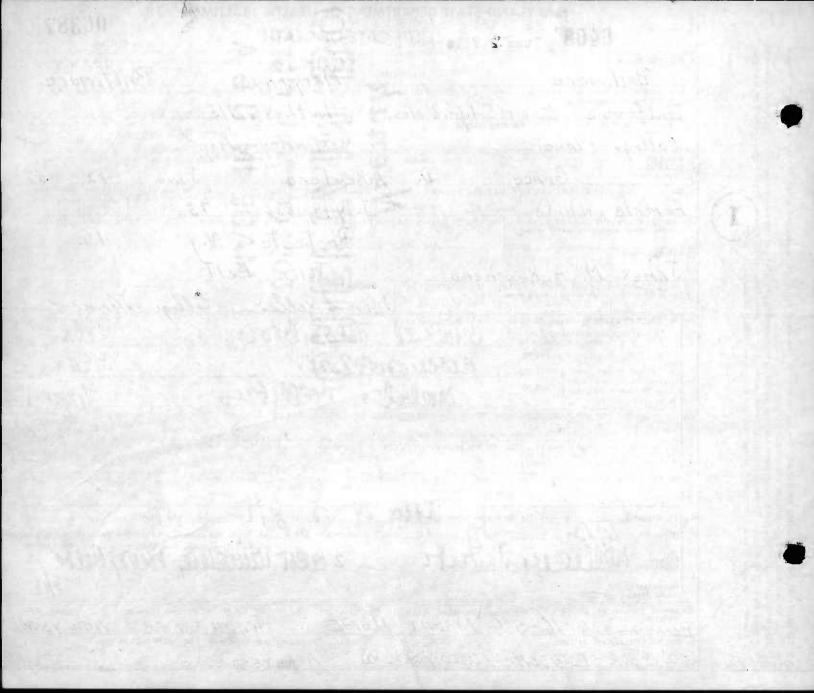
16386 Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY  Boltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE  Maruland b. COUNTY  City
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Overlea	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Baltimore 3 y 0 / 4
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 5826 Faanview Avenue	d. STREET ADDRESS  115 N. Clinton Street  on A FARM? YES NO
3. NAME OF DECEASED (Type or print) Mr. Joseph J.	Adams 4. DATE Manth Day Year OF DEATH June 13th 1959
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH  7. AGE (In years lost birthdoy)  7. AGE (In years lost birthdoy)  7. AGE (In years lost birthdoy)  7. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Dreage (aptain	Germany USA
William Owczarzak	14. MOTHER'S MAIDER NAME Tina Zannenka
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, no unknown) (If yes, give wor or dates of service) 101-09-3172	Mrs. Elizabeth Kiefner same
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to immediate couse (o), stoting the under-lying couse lost.	rotu cardio varrela
Y ZOD. ACCIDENT WAS UNDERLYING TO 20b. DESCRIBE HOW INJURY OCCURRE	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO CONTROL OF INJURY IN Part 1 or Port 11 of item 18.)
3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) ctory, street, affice bldg., etc.)
21. I certify that I attended the deceased fram. 5-17 alive an 6-1, 1959, and that death  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  TOTHN TGOULD	-, 1949, to 6-1, 1957, that I last saw the deceased accurred at M, from the causes and an the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED  Baltimore, Maryland
220. BURIAL, CREMATION, REMOVAL (Spedfy) 6/16/59 Sacred Hea	rt Cemetery Baltimore Co. Maryland
23. FUNERAL DIRECTOR'S SIGNATURE Leonard J. Ruck 5305 Harford Roa	d #14 DATE JUN 1 6 '59 Carthury S. Through



VS A15 (4) 15M 9/5B

6408	AARYLAND S , Film G24 Item 2 F	TATE DEPARTA	MENT OF HEALT	H—BALTIMOR H	RE, 18	6387
1. PLACE OF DEATH O. COUNTY BALTIMOR	0	MARYLAND	2. USUAL RESIDENCE (W. g. STATE NEW Y	there deceased lived. If i	institution: Residence before	ore admission) K City
b. CITY OR TOWN (If autside car RURAL and give nearest town)		LENGTH OF STAY IN 16	C. CITY OR TOWN (IF	outside carporate limits,		earest town)
d. NAME OF HOSPITAL (IF not in OR INSTITUTION		dryss)	d. STREET ADDRESS	333 West 5	w York City 6th Street	e. IS RESIDENCE ON A FARM? YES NO P
3. NAME OF	First	Middle	Last	4. DATE	Month Do	ay Year
DECEASED (Type ar print)	orace	D.	aiken hear	OF DEATH	one 1	2 1959
5. SEX 6. COLOR	OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In last birt		R IF UNDER 24 HRS. Haurs Min.
remale Wh	ite WIDOWED		July 19 188	6 137	72 yrs.	
10a. USUAL OCCUPATION (Give kinduring most of warking life, eve	nd af wark dane 10b. KII en if retired)	ND OF BUSINESS OR IND	Roches 1	e or foreign cauntry)  Con N. V.	12. CITIZEN O	5.
13. FATHER'S NAME	0 4		14. MOTHER'S MAIDEN	NAME		
JAMES //. /	4 Ken he	AD CIAL SECURITY NO.	INFORMANT	1-e//	Address	
	r or dates of service)	)	12.10	e le	11 m	KON
Conditions, if any, which gove rise to immediate cause (a), stoting the underlying cause last.  PART II. OTHER SIGNIFICATION OF THE PROPERTY O	CANT CONDITIONS CON		UT NOT RELATED TO THE TERM			YEAN    YEAN    YEAN    YEAN    WAS AUTOPSY PERFORMED? YES   NO
	OF DEATH	BE HOW INJURY OCCUR	RED. (Enter nature af injury in	Port I ar Part II of item	18.)	
20c. TIME OF INJURY Month, Haur a. m. p. m.	Doy, Year 20d. INJU While of wark [	Nat while	PLACE OF INJURY (Hame, farr factary, street, affice bldg., et	m, 20f. (City ar tawn)	(Caunty)	) (State)
21. I certify that atter	nded the deceased	fram that dea	th accurred at 0. P		94 that I last sav	
ACTUAL SIGNATURE WZULO	lu 7.	tuti	M.D. 2 WEST	ADDRESS (Street, city of		DATE SIGNED
PHYSICIAN'S NAME (Type)						1/12
22a. BURIAL, CREMATION, 22b. DA REMOVAL (Specify)	16-59	MOUNT /	OR CREMATORY	22d. LOCATION (City,		(State)
23. FUNERAL DIRECTOR'S SIGNATUR	RE	ADDRESS	24a. REC	D BY REGISTRAR 24b	REGISTRAR'S SIGNATU	
WM COCK-TOU	USON- 16	50 YORK	RI) DATEN	15'59	7 11 . 9 2	
					at the state of	



06388

ATE OF DEATH			Reg. Di	st. No		
2. USUAL RESIDENCE (Who o. STATE Mary		d lived. If institution b. COUNTY	n: Resider			on)
c. CITY OR TOWN (If or		prote limits, write RI				)
X Baltimo	re					
d. STREET ADDRESS		11 Avenue				DENCE FARM? NO
Lost	4. DATE OF	Man		Do	) Y	ſear
Anderson	OF DEATH	Jur	18	2'	7 1	9 59
8. DATE OF BIRTH May 7, 1899		9. AGE (In years last bythday) O yrs.		Days	IF UNDE Haurs	R 24 HRS. Min.
STRY 11. BIRTHPLACE (State	ar foreign o		12. CI	TIZEN C	DF WHAT	COUNTRY
Maine				S.		
14. MOTHER'S MAIDEN N	AME					
	Ni	na (unk	nown	)		
NFORMANT	100	Addr	ess		111	5 50
cords: SPRIN	G GR	OVE STAT	E H	OSPI	TAL	
pneumonia				INT	SET AND	DEATH
itis					week	-plus
NOT RELATED TO THE TERMIN	NAL DISEAS	SE CONDITION GIV	EN IN PAI	RT 1(o)	PERFO	AUTOPSY RMED?
D. (Enter noture of injury in P	art I or Pa	rt II of item 18.)				
ACE OF INJURY (Hame, form, ctory, street, affice bldg., etc.		y ar town)	(	County		(State)
5 , 1958 , to 6	127	1959	_,that I	last s	aw the	decease
occurred at 10,36		m the causes a		he do		ed abav
			SPIT	AL	6/	27/
Catonsville	28,	Maryland			,	/
R CREMATORY	22d. LOCA	TION (City, town, o	or county)		(State	:)
+ Cnom	Rel	to Md				

24b. REGISTRAR'S SIGNATURE

Orthun & Kraus

DATEJUN 2 9 '59

VS A15 (4) 15M 10/57

	HTARGROST/	CERTIFICA	2000	
				S PARTIE S
	THE SECTION AND ADDRESS.			

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06389

6410 CEPTIEICATE OF DEATH

	0310	CERTIFICA	AIL OF DEATH		Reg. Dist.	No.
1.	PLACE OF DEATH D. COUNTY Bultunore.	MARYLAND	2. USUAL RESIDENCE (Who		nstitution: Residence	before admission)
	b. CITY OR TOWN (If autside corporate limits, write c. LEN RURAL and give neorest tawn)	GTH OF STAY IN 16	c. CITY OR TOWN HE OF	otside corporofe limits, v	write RURAL and giv	e nearest tawn)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	V	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) [LEVELAND -	- E-AR/	NACOST	4. DATE OF DEATH	Month LUCC 1	Day Year 18 19.5 9
	M WIDOWED	DIVORCED 🔲	B. DATE OF BIRTH Mar 12-18	85- 9. AGE (In lost birth	3 1	YEAR IF UNDER 24 HRS oys Hours Min.
	1100000	of BUSINESS OR INDU	No.	explessed	12. CITIZI	EN OF WHAT COUNTS
(	Slifah annacos	+	14. MOTHER'S MAIDEN N.	gene (	anna	east
15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL (If you may not or dates of service)	SECURITY NO. 17. 11	NFORMANT CIR	masoit	Address Upper	us mid
	18. CAUSE OF DEATH [Enter only one cause per line for (o				4/	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) COTONATY	7 Thrombosi	Ls			% HAMMEN
	Canditions, if ony, which ) Oronary	y Arterio-S				5 years
	gove rise to immediate couse (a), stating the under-lying couse last.					
CATION	<ul> <li>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBI</li> </ul>	UTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITIO	IN GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED? YES NO
L CERTIF	20s. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	)W INJURY OCCURRE	D. (Enter noture of injury in Po	ort I or Port II of item 1	B.)	
MEDICA		OCCURRED 20e. PL/ of while work	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(Cou	unty) (State
	21. I certify that I attended the deceased from	m_June 2	, 19 59 , ta J	June 18 1	9.59 that I la	st saw the deceas
			occurred at 3:301		ses and an the	
	ACTUAL SIGNATURE / C. JOWW	ful	M.D. 28 5	So Main		6/19/59
	PHYSICIAN'S M.C. Porterfield	//	Hamps	stead, Md.		
4	Bural June 21-39	LEER G	R CREMATORY	22d. LOCATION (City )	own, or county)	Wed (Stote)
23.	PUNERAL DIRECTOR'S SIGNATURE AD	opress potes			REGISTRAR'S SIGN	

TO HOSPITAL OR VS A15 (4) 15M 10/57

expression and the contract of THE RESIDENCE OF STREET OF THE RESIDENCE OF THE PARTY OF - Washington

may be retained by the hospital ar attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremotian, ar removal, and in ony event within 72 hours offer death.

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of

TO HOSPITAL OR VS A15 (4) 15M 9/58

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6411 CERTIFICATE OF DEATH

		Ke	eg. Dist. No.
1. PLACE OF DEATH O. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: o. STATE Maryland b. COUNTY	Residence before odmission) Baltimore
b. CITY OR TOWN (If outside corporate limits, wr RURAL and give nearest town) Ruxton	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURA  Ruxton	AL and give nearest town)
d. NAME OF HOSPITAL (If not in hospifal, give store in the control of the control	reet oddress) oad #2	d. street address 307 Greenwood Road	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) CHARLE	Middle	ARNOLD 4. DATE OF June 4,1	959 Day Year
37 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	MARRIED NEVER MARRIED DOWED DIVORCED		UNDER 1 YEAR IF UNDER 24 HRS. onths Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attorney	10b. KIND OF BUSINESS OR INDU Insurance	STRY 11. BIRTHPLACE (State or foreign country)  Maryland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Charles J. Arnold		Mary Louisa Orrison	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. of unknown)  18. CAUSE OF DEATH [Enter only one couse p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	216-01-0911 M	frs. Mary L. Arnold-307 G	INTERVAL SETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.	arterio - Sch	anothe Heart Disease	6 years
PART II. OTHER SIGNIFICANT CONDITION  20a. ACCIDENT WAS UNDERLYING  20b. OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	DNS <u>CONTRIBUTING TO DEATH</u> BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or Port II of item 18.)	
Hour o.m.		ACE OF INJURY (Home, form, clory, street, office bldg., etc.)	(County) (State)
21. I certify that I attended the decalive an June 3, I  ACTUAL SIGNATURE CONFORD  PHYSICIAN'S NAME (Type)  CRAUFORD	//	n occurred at 9:30 MM, from the causes and cappers (Street, city or town, stot)  M.D. & F. Eager St., Bellium	an the date stated above.
220. BURIAL, CREMATION, 22b. DATE THEREOF 6/6/59	22c. NAME OF CEMETERY CO	OR CREMATORY 22d. LOCATION (City, town, or co	
23. FUNERAL DIRECTOR'S SIGNATURE Wm Cook-Towson, I c.	Towson 4.Md.	24a. REC'D BY REGISTRAR 24b. REGISTRA	AR'S SIGNATURE Chung S. Thomas

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Profession Comments	Incland		_•_ ^	101
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nos to	of Maridon grant		Alottel . 7	5 m (2 m 2)
				0 1
	1 4-1-1-4	ensurance of Ca	And the state of	

06391

Reg. Dist. No.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 6400 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. STATE
b. COLINTY may 10 b. COUNTY MARYLAND

			, in ordinary	/ _	
b. CITY OR TOWN (If outside corpor RURAL and give nearest town)	U	OF STAY IN 16 c. CIT	OR TOWN (If outside corporate	limits, write RURAL and g	give nearest town)
d. NAME OF HOSPITAL (If not in ho OR INSTITUTION	spitol, give street address)	d. STI	1519 Via	an	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) ROS	First A	Middle	NOLP 4. DATE OF DEATH	Month	Day Year
5. SEX 6. COLOR OR	WIDOWED NEV		BIRTH 9. A		1 YEAR IF UNDER 24 HR. Days Hours Min.
10o. USUAL OCCUPATION (Give kind of during most of working life, even if	retired)	ISINESS OR INDUSTRY 11. B	RTHPLACE (State or foreign country Maryla	y) 12. CITI	IZEN OF WHAT COUNT
13. FATHER'S NAME	our to repl	14. MO1	HER'S MAIDEN NAME	7	
15. WAS DECEASED EVER IN U. S. ARM [Yes, no, or unknown] (If yes, give wor or	ED FORCES? 16. SOCIAL SEC	urity no. 17. INFORMANT	e, armeld -	1519 /	era Cen
18. CAUSE OF DEATH [Enter only PART I. DEATH WAS CAUS IMMEDIATE CO	ED BY:	), and (c).]	tu'		INTERVAL BETWEEN ONSET AND DEATH
Canditions, if any, which	DUE TO  (b)  DUE TO  (c)				
3 Drahed	tes - chi	mie her	ED TO THE TERMINAL DISEASE CO	<u> </u>	1 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	QEATH	INJURY OCCURRED. (Enter no	ture of injury in Part I ar Part II o	Filem 18.)	
20c. TIME OF INJURY Month, D. Hour o. m. P. m.	19 at work at work	foctory street	URY (Home, farm, office bldg., etc.)	own) (C	County) (Stote
ACTUAL BY	1-9	ha that death accurre	d at 4P - M, from th	te causes and an the	
NACHIE (TYPE)	am Goo	OMANAD	Balt	3, 27,	hel
220. BURIAL, CREMATION, 22b. DATE	115-1959 99	OF CEMETERY OR CREMATO	22d. LOCATION	(City, town, or county)	Cotton (Stole)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRE DE	241/h	24a. REC'D BY REGISTRAR DATEMIN 1 5 '59	24b. REGISTRAR'S SIG	Haus

CO DAJECTUN 1 5 '59

VS A15 (4) 15M 9/55

	CONTRACT TO STATE OF THE STATE	
^		
	The first agent beautiful and almost a paint of the birth of	
	AGNORAS ALLES AND ALEST AN	

TO HOSPITAL OR

VS A15 (4) 15M 10/57

116392

6412 **CERTIFICATE OF DEATH** 

Reg. Dist. No.

1.	PLACE OF DEATH a. COUNTY					2. USUAL RESIDENCE (	Where deceas			e before o	odmission)
	Ba	altimore	530	MARY	LAND		yland	b. COUNTY		1	
	b. CITY OR TOWN (If RURAL and give ner	outside carporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (	If autside carp	orate limits, write l	RURAL and g	ive neares	t town)
	Fort Howa			72 days		Bal	timore			31	01.4
	d. NAME OF HOSPITA	AL (If not in haspital, g	ive street	address)		d. STREET ADDRESS					S RESIDENCE ON A FARM?
J.	Veterans A	dministrat:	Lon H	lospital		420'	7 Grove	eland Ave	nue		ES NO
3.	NAME OF DECEASED	Fir	st	Middle		Last	4. DATE	Ma	nth	Day	Year
	(Type ar print)	RUSSI	ELL	Lee		AVERY	DEATH	Jun	e	3.	1959
5.	SEX			TED TO MEVER MAKEN	EX X	B. DATE OF BIRTH		9. AGE (In years		YEAR IF	UNDER 24 HRS.
	Male	111111111111	MINDOXI	- Control	-	October 9,		last hirthday) 59 yrs.		Days H	ours Min.
100	during most of worki	N (Give kind of work ong life, even if retired)	dane 10b.	KIND OF BUSINESS C	R INDU	STRY 11. BIRTHPLACE (Sto	ate or foreign	country)	12. CITI	ZEN OF V	VHAT COUNTRY?
S	tructural			ngineering	Co.	Honesdal	e. Pen	na.	U.	S.A.	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN					
I	eland Aver	v				Jennie B	ishop				
15.	WAS DECEASED EVER			SOCIAL SECURITY NO	. 17. 1	NFORMANT		Add	lress		
	Yes	WWI		71-09-0006	C	lihical Reco	rds. V	A Hosp.	Ft. Ho	ward	. Md.
	18. CAUSE OF DEAT	TH [Enter only one co	use per lir	ne far (a), (b), and (c).						INTERV	AL BETWEEN
1	PART 1. DEATH WAS CAUSED BY: IAENNECS CIRRHOSIS  ONSET AND DEATH 1 YT										
	58/.) DUE TO									<i>J</i> =	
	Conditions, if any, which ) (b)										
	gove rise to immediate couse (a), stating the under:										
	lying cause last.	(c									
Z	PART II. OTHI			ONTRIBUTING TO DEA	ATH BUT	NOT RELATED TO THE TER	RMINAL DISEA	SE CONDITION GIV	VEN IN PART	1(a) 19. V	WAS AUTOPSY
N S						RICES & HEPA				P	ERFORMED?
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port II of item 18.)										
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)									
MEDICAL		Month, Day, Yea	r 20d. IN	NJURY OCCURRED		ACE OF INJURY (Home, fo		y or town)	(Ce	ounty)	(State)
WED	Hour o.m.	19	While at wark	Not while	fo	ctary, street, affice bldg., e	etc.)				
		t Whittended the	deceou	ed from March	23	19 59 to J	une 3,	10.59	submitted of the	anane	
	21. I certify that Valitended the deceased from March 23, 1959, to June 3, 1959, the relative and the deceased from March 23, 1959, to June 3, 1959, the relative and the deceased from March 23, 1959, to June 3, 1959, the relative and the deceased from March 23, 1959, to June 3, 1959, the relative and the deceased from March 23, 1959, to June 3, 1959, the relative and the deceased from March 23, 1959, to June 3, 1959, the relative and the deceased from March 23, 1959, to June 3, 1959, the relative and the deceased from March 23, 1959, to June 3, 1959, the relative and the deceased from March 23, 1959, to June 3, 1959, the relative and the deceased from March 23, 1959, to June 3, 1959, the relative and the deceased from March 23, 1959, to June 3, 1959, the relative and the deceased from March 23, 1959, to June 3,										
	question and	10	ANTAL	7	dediii	occorred of Table		of the causes of the courses of the causes o		e dore	Stated above.  DATE SIGNED
	ACTUAL SIGNATURE	1. Laure	ned	Mi heck		M.D. VA Hospi					6/3/50
			6		, ,	M.D YAS_JUCOLULE.	Liches L	v. noward	1 TILL 9		912127
	PHYSICIAN'S T.	LAWRENCE	FLEIS	HER, M.D.		VA Hogori	+ ol F.	t. Howard	Ma		6/2/50
220	BURIAL, CREMATION	, 22b. DATE THEREO	F	22c. NAME OF CEMI	ETERY O	R CREMATORY	22d, LOCA	TION (City, town,	or county)		(State)
B	REMOVAL (Specify)	June 5.	1.959	Arlington	Nat.	'l Cemetery	100000	ington, V			(Sidie)
-	FUNERAL DIRECTOR'S		11	ADDRESS/	1		C'D BY REGIS		STRAR'S SHOT	LATURE	
1/	N.m. 9.11	ickner.	X XO	us - ba	Elo.	17, WW DATEL		/ 1.44	mil w		
WM	. J. TICKN	ER & SONS,	NORT	TH & PENNA.	AV						

5. To be a state of the state of t BANK NOT THE BANK OF THE SECOND SECON 

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VS A15 (4) 15M 10/57

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6413 **CERTIFICATE OF DEATH** 

Reg Dist No

									Mag. Di	31, 140.		
1, PLACE OF DEATH o. COUNTY	Baltimore		MARYLA	UND	2. USUAL RE	Maryl	ere deceased liv	b. COUNTY	on: Resider	nce befor	re odmissi	ion)
	(If outside carparate limits, v	vrile c. LENGT	H OF STAY IN	116	c. CITY O	R TOWN (If or	utside corporate	limits, write R	URAL and	give nec	arest lawn	1) /
Cat	onsville	15y1	rlumth12	dys	I	Baltimo	re	3V	01-4	4		
d. NAME OF HOSE	ITAL (If not in hospital, give	street oddress)			d. STREET	ADDRESS					e. IS RES	IDENCE
SPRING C	ROVE STATE	HOSFI TAI	4		2632	North	Charle	S Stree	t			NO
3. NAME OF DECEASED (Type or print)	Fint Rober	t	Middle G ar	lan		iley	4. DATE OF DEATH	Mon	une	9°		Yeor 19 5:
5. SEX	6. COLOR OR RACE 7.	MARRIED   NE	VER MARRIED	12 8	DATE OF BIR	ктн	9.	AGE (In years		TYEAR	IF UNDE	R 24 HRS.
male	white w	DOWED	DIVORCED		Novemb	ber 26.	1923	lost birthdoy) 35 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPAT	ION (Give kind of work done	10b. KIND OF E	BUSINESS OR	INDUST			or foreign coun	lry)	12. CI	TIZEN O	F WHAT	COUNTRY
schol	rking life, even if retired)					Mass	sachuse	ttes		U.	S. A.	
13. FATHER'S NAME		1			14. MOTHER	'S MAIDEN N		0000			9 11	
Garla	nd Howard Bai	lev				Harri	iett E.	Martin				
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES	7 16. SOCIAL SE	CURITY NO.	17. IN	ORMANT	*****	2000 2118	Add	ress			
(Yes. no. or unknown)	(If yes, give war or dates of service			Red	cords:	SPRIN	G GROY			OSPI	TTAI.	
	ATH [Enter only one cause	1	Note and A see	1100	OT GO:	O TIMIN	4 4160	2 011			ERVAL BE	TWEEN
	ATH WAS CAUSED BY:									ONS	SET AND	DEATH
FOM	IMMEDIATE CAUSE (o)	Acute h	emorrh	agic	pancr	eatiti	S			1	. day	
287.0	DUE TO											
Conditions, if												
gave rise to												
lying cause last												
PART II. O	THER SIGNIFICANT CONDITI	ONS CONTRIBUT	ING TO DEAT	H BUT N	OT RELATED 1	TO THE TERMIN	NAL DISEASE CO	ONDITION GIV	EN IN PAR	T 1(o) 1	PERFO	AUTOPSY RMED?
20a. ACCIDENT W	G CAUSE OF DEATH	DESCRIBE HOW	/ INJURY OCC	URRED.	(Enter nature	of injury in P	ort I or Port II	of item 18.)				
	Y MEDICAL EXAMINER)											
20c. TIME OF INJU		20d. INJURY OCC While Not vool work of work	vhile	De. PLA( focto	E OF INJURY iry, street, affi	(Home, form, ice bldg., etc.)	20f. (City or	town)	(1	County)		(Stote)
21 I cortifu t	hat I attended the de	coased from	July	- 1	10 5	5 to Ju	ine 9	19 59	A5-A 1	lank on		300000
	une 9	Print.				7 7 7						
dive on	,	19-22	ana mar a	earn	occurrea a		_M, from the			he do		ed above ATE SIGNE
ACTUAL (	1 4 0/0	120.	-0		- QD			CORD a frame		Tmar	,	O CO
SIGNATURE	ermore	1. / Ter	symic	<u>M</u>	D	TILL IVOT	GROVE	STATE	HOSP.	LTAL	0-	ソークソ
PHYSICIAN'S G	ERTRUDE	7. FLEI	SCHI	4/41	VN Ca	tonsvi	lle 28,	Maryla	and			
220. BURIAL, CREMATI BURIAL (Specify	ON, 22b. DATE THEREOF  June 11, 19	22c. NAA	ME OF CEMETE Orraine				22d. LOCATION		or county)		IStote Md	) •
23. FUNERAL DIRECTO	r's signature tchell & Sons	Trol /10		:07W	Place	24a. REC'D	BY REGISTRA	24b. REGIS	STRAR'S SIG	GNATUR	₹E	
COIII O. MI	COHETT & COUR	THO . T.	TOO Had	4.5	- 44.00	DATTIN	11 '59					
			7					- Graff	-1 A. 1	raus		

metamic o termi and it and prim . PARLETER Chir C. Transl | Long Time | 1910 | Follow | Ulade

at the death certificate		the offending physicic	Then places camous
TO HOSPITAL OR NOING PHYSICIAN: The low requires that the death certificate	may be retained by the hospital ar attending physicion.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicia	accorded to defected for use or the burial transit nermit. Then place remove or
TO HOSPITAL OR	may be retained a	TO FUNERAL DIRECT	pone 3 should be o

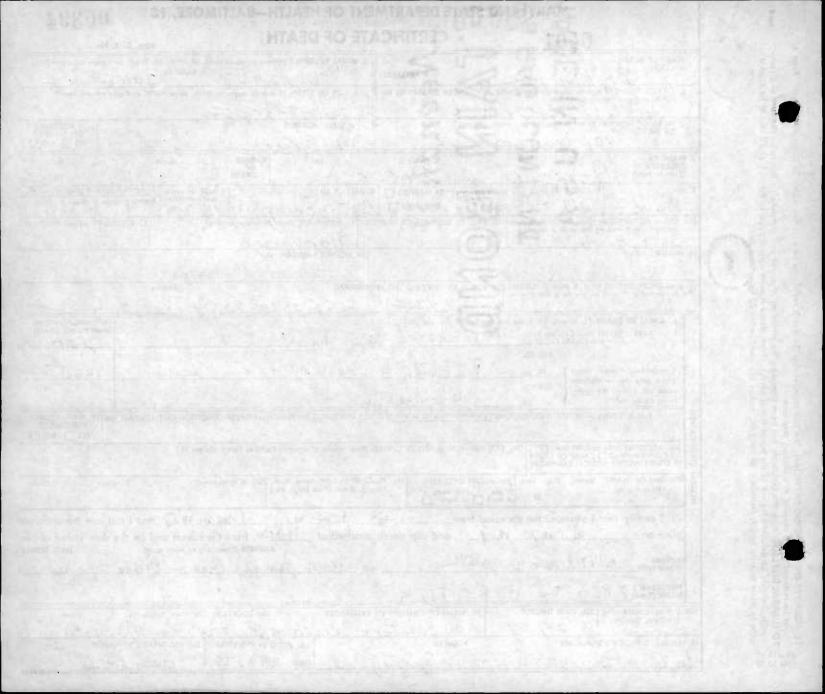
VS A15 (4) 15M 10/57

ARYLA	AND STA	ATE DEP	ARTMENT	OF HEALTH-	-BALTIMORE,	18
	ltems	13,14	FilmG24	4 6-30-59	et	
14		CEDI	TELC ATE	OF DEATH		

6401 CERTIFICATE OF DEATH

Reg. Dist. No.

)	1.	PLACE OF DEATH D. COUNTY BOHLMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE  Or VI and  b. COUNTY  Belt, more
		b. CITY OR TOWN (If autside carporate limits, write RURAL, and give nearest lawn)  HELE THE POPUL	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)
		d. NAME OF HOSPITAL (If not in Hospital, give street address) OR INSTITUTION ROLFFANCIS. AVE.	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM? YES NO NO
		NAME OF DECEASED Type or print) GEORGE W. Bake	Lost 4. DATE OF Month Day Year OF DEATH June 21 19.54
	5. 5	Male White WIDOWED DIVORCED	B. DATE OF BIRTH  October 17, 1901  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HKS.   Manths   Days   Hours   Min.   Min.
		USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Self Employed  Tovern	STRY 11. BIRTHPLACE (State of fareign country) 12. CITIZEN OF WHAT COUNTRY
7	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	15.	Unknown (Deceased)  WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	Unknown (Deceased)  NFORMANT Address
	Yes	1. no. or unknown) (If yes, give wor or dates of service) 217-26-4052-11	Pazie Boker 801 Francis Ave
		1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	Set Trusil - INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which gave rise to immediate (b) Trabelly te	Swallow - a slow muth
	7	cause (a), stating the under. DUE TO	V-
0	CERTIFICATION		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  19. WAS AUTOPSY PERFORMED?  YES NO
		OK CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature af injury in Part I ar Part II af item 18.)
	MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PL. Haur a. m. P. m. 19 While at wark at wark	ACE OF INJURY (Hame, farm, 20f. (City or tawn) (County) (State) clory, street, affice bldg., etc.)
9		21. I certify that I attended the deceased from.	1953, to 1 how 2 1954, that I last sow the deceased
		olive on 19 Mus 20, 19 Jan, and that deoth	occurred of 12 FM, from the causes and on the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED
1		SIGNATURE VR deroe O, 1 dester	MD. 1014 draweis QNe - Billo 27 - Med
		PHYSICIAN'S TREDERIE V. DEITLER.	
	22a	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O LOU CON POR	R CREMATORY 22d. LOCATION (City, town, or county) (State)
	23,	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	4	mbrose The 1328 Sulphur Derine	3 Kd DATE JUN 23'59 ariling & Kroug



15M 10/57

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A STATE OF THE STA			
	di di yadaowani I		
	ALL ALBOR LIFE		
	SERVICE TO	10000	
The state of the s			

06396

CLIK CEPTIFICATE OF DEATH

	0.3	110				F	Reg. Dist. No	
1. PLACE OF DEATH o. COUNTY Balti	more		MARYLAND	2. USUAL RESIDENCE (W. o. STATE Maryland		b. COUNTY _	Residence befo	
RURAL and give	(If outside corporate limits, we nearest town)  Howard	rite c. LENGTH O	F STAY IN 15	c. CITY OR TOWN (IF				
d. NAME OF HOSE OR INSTITUTION Veter		treet address)		d. STREET ADDRESS  Box 224				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First WILLIAN		Middle RANCIS	lost BEAN	4. DATE OF DEATH	Month June	9	
5. SEX Male		MARRIED NEVER	MARRIED B.	August 29,	1 1		UNDER 1 YEAR	Hours Mir
Electri	TION (Give kind of work done orking life, even if retired)  CIAN	10b. KIND OF BUSI		IN 11. BIRTHPLACE (Stole			U. S.	A.
13. FATHER'S NAME				14. MOTHER'S MAIDEN				
	L. Bean			Emma F. Fit	tzsimmons			
15. WAS DECEASED ET	VER IN U. S. ARMED FORCES?  (If yes, give wor or dotes of service)  WW II	217-05-8		formant inical Record	ds, Vet. Ad	Address m. Hospi		Howard.
gove rise to couse (o), stotin lying couse last PART II. O	g the under- DUE TO	ONS CONTRIBUTING	TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN	I IN PART 1(o)	19. WAS AUTOPS PERFORMED? YES NO
200. ACCIDENT V	WAS UNDERLYING [] 20b.	DESCRIBE HOW IN	JURY OCCURRED.	(Enter noture of injury in	Port I or Port II of	item 18.)		
O (IF EITHER, NOTI)	Y MEDICAL EXAMINER)							
4	URY Manth, Day, Year 20	0d. INJURY OCCURE Vhile Not while I work at work	- Canta	CE OF INJURY IHome, formory, street, office bldg., etc		vn)	(County)	(Sto
20c. TIME OF INJU Hour o. m p. m	URY Manth, Day, Year 20 W W of that Raftended the dec	vhile Not while the work of work of work	May 19 d that death o	ory, street, office bldg., etc	PM, from the	, 19 <u>59</u> %	d on the da	
20c. TIME OF INJU Hour o. m p. m  21. I certify  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)	THAT PATTER J PTJ	ANOWSKT	foctor fo	ory, street, office bldg., etc., 1959, to J1 accurred at 10:45	PM, from the	causes and ity or town, sta	d on the da	ate stated ab

NDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft

may be retained at the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the tuneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filed with the registrar prior to burial, cremotion, or removal, and in any event within 72 hours after depth.

TO HOSPITAL OR

VS A15 (4) 15M 10/57

TO HOSPITAL ENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of early. Page may be retained the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corporting pages 1 and 2 should be filed with the rem

VS A15 (4) 15M 9/55

eath; Page 4

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1 tems 4 & 21 Film 6 2 4 3 6 / 17/59 cap 6416 CERTIFICATE OF DEATH

0.7.7.	)		Reg. Di	st. No.
1. PLACE OF DEATH O. COUNTY  BALTO	MARYLAND	2. USUAL RESIDENCE (Where of o. STATE	deceased lived. If institution: Resident b. COUNTY BA	ce before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		e corporate limits, write RURAL and s	give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION /10 PROSP		10 PROS	PECT AVE.	o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) MICHAE	Middle B	ECC10 4.1	DATE Month OF DEATH JUNE 4	Day Year
5. SEX 6. COLOR OR RACE 7. MAR WIDOW	/	0ct.16,1894	9. AGE (In years IF UNDER lost-birthdgy) Months	1 YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b during most of working life, even if retired)  Contractor	. KIND OF BUSINESS OR INDUS Building	TRY 11. BIRTHPLACE (Stote or fo	reign country) 12. CIT	IZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Matthew Beco	cio	Alicienta	Ercollini	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16		NFORMANT S. Michael Bo	Address eccio 110 Pros	nect. Ave.
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost.			0	
□ OR CONTRIBUTING □ CAUSE OF DEATH!	my arten	(Enter nature of injury in Port 1		PERFORMED? YES NO L
	Not while fac	CE OF INJURY (Home, form, 20 tory, street, office bldg., etc.)	Y. (City or town) (C	County) (Stote)
21. I certify that I attended the decea alive on	J., and that death	occurred at 10 4 6 ADDI	, from the causes and an the RESS (Street, city or town, store)	ne date stated above  DATE SIGNED  6/5/59
23. FUNERAL DIRECTOR'S SIGNATURE  FALLY FUNERAL DIRECTOR'S SIGNATURE	ADDRESS ALLAS	22d. REC'D BY		

HTASO ROENTH	ADRIES A PAR
	Carrie the State of the State o
	THE RESIDENCE OF THE PARTY OF T
The state of the s	AND THE RESERVE OF THE PARTY OF
position from the control of the con	Security and believe and television of a value bill.

MARYLAND STATE DEPARTMENT OF HEALTH - BALGINGRE, I D

# and campletely filled in by the funeral directar, ban papers. Pages 1 and 2 should be fitted with

DING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplet page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after deap.

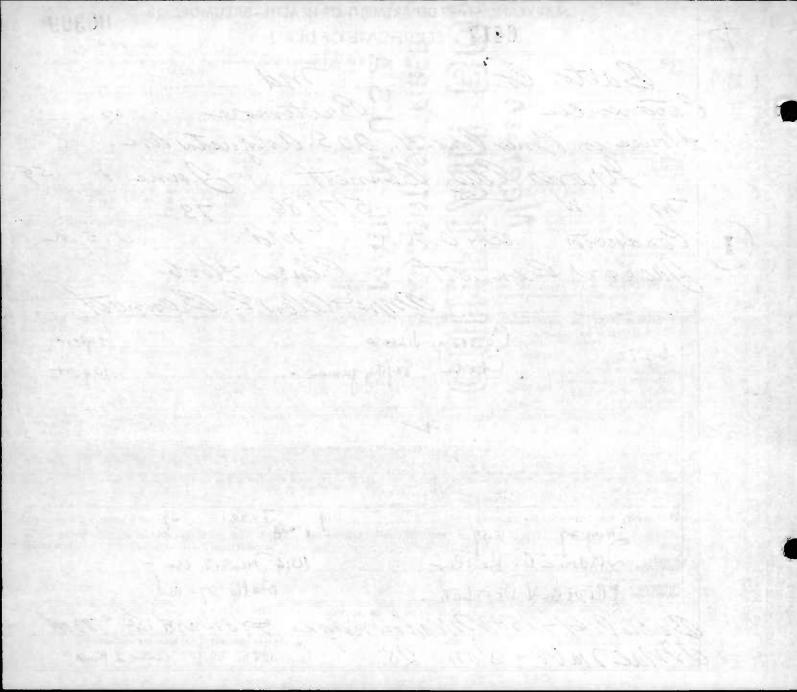
VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6417

**CERTIFICATE OF DEATH** 

06399 Reg. Dist. No.

1		PLACE OF DEATH a. COUNTY MARYLAND	USUAL RESIDENCE (Where deceased lived. If institution: Residence befare admission)     b. COUNTY
/	1	b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)	c. CLTY OR TOWN (If autside corparote limits, write RURAL and give nearest tawn)
(	1	alonsvelle	Daltimore 3VOI-4
)	1	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OK INSTITUTION  OUSE-IN (Miles (ON)-)	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM? YES NO NO
	1	NAME OF DECEASED (Type or print)	Last 4, DATE Manth Day Year OF DEATH June 1959
	5. 5	10/WV CANN SUNT	8. DATE OF BIRTH 49 AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.
	4	M WIDOWED DIVORCED	5/7/86   last birthday) Months Days Haurs Min.
1	10a	a. USUAL OCCUPATION (Give kind of work done of the lower done of working life even if retired)	STRY 11. BIRTHPIACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  C. S. C.
/	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
6		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	NFORMANT Address  Address  Address
		18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH # 442-0-2
		527,1 DUE TO Chornes Stufster	yzema - 10 yost
		gave rise to immediate cause (a), stating the under-lying cause last.	00
0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
	CERTIFI	20g. ACCIDENT WAS UNDERLYING A CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I ar Part II of item 18.)
	MEDICAL		ACE OF INJURY (Home, farm, ctary, street, affice bldg., etc.) 20f. (City ar tawn) (Caunty) (State)
		21. I certify that I attended the deceased from alive an Nacy 27, and that death	accurred at M., from the causes and an the date stated abave.
		ACTUAL DESCRIPTION .	ADDRESS (Street, city or town, state)  DATE SIGNED  ADDRESS (Street, city or town, state)
1		PHYSICIAN'S FREDERIC V. DE ITLER	Balto 27- No
	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF PEMOVAL (Specify)	R CREMATORY 22d. LOCATION (City, tawn, ar county) (State)
	23.	EUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE JUN 5 '59 Cuthur & Kraus



executed within 24 haurs aft

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should be filed	a L
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pup	
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V2	

1. PLACE OF DEATH

NAME OF DECEASED

5. SEX

(Type or print)

Male

Cleaner

13. FATHER'S NAME

20c. TIME OF INJURY

ACTUAL SIGNATURE

Hour a.m.

Baltimore

Veterans Administration Hospital

Colored

10a. USUAL OCCUPATION (Give kind of work done during most af working life, even if retired)

Doy, Year

21. I certify that Kattended the deceased from May

PHYSICIAN'S JOHN W. CRAWFORD, M.D.

220. BURIAL, CREMATION, REMOVAL (Specify) 6/29/3

Arlington S. Phillips,

23. FUNERAL DIRECTOR'S SIGNATURE

JAMES

6. COLOR OR RACE 7. MARRIED NEVER MARRIED

WIDOWED DIX

d. NAME OF HOSPITAL (If not in hospitol, give street oddress)
OR INSTITUTION

b. CITY OR TOWN (If outside corporate limits, write

RURAL ond give nearest town)
Fort Howard

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06400

(County)

(Stote)

DATE SIGNED

(Stote)

6418 CERTIFICATE OF DEAT

MARYLANI

Middle

DIVORCED |

c. LENGTH OF STAY IN 11

35 Days

Dry Cleaning

20d INJURY OCCURRED

While Not while of work

	TE OF DEAT	Н		Reg. Di			() W
	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY						
	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	Baltin	nore	3 V	01-1	7		
	d. STREET ADDRESS	sher S					FARM?
	Lost	4. DATE	Mon	th	Do	у	Yeor
1	BERRY	DEATH	JUNE		24		19 59
1	9/17/79		9. AGE (In years lost birthday) 70 yrs.	IF UNDER Months	1 YEAR Doys	IF UNDI Hours	ER 24 HRS. Min.
US	TRY 11. BIRTHPLACE (Stote	e or foreign co			S.		COUNTR
	Jackson,	NAME	.a	1 0	•0•		
	14. MOTHER'S MAIDEN	NAME			•0•		
10	14. MOTHER'S MAIDEN	lunter	Addr	ess			Md.

ADDRESS (Street, city or town, stote)

22d. LOCATION (City, town, or county)

Baltimore, Maryland

24b. REGISTRAR'S SIGNATURE

arthur & Kraus

VAH, FORT HOWARD, MARYLAND

VAH. FT. HOWARD, MARYL AND

24a. REC'D BY REGISTRAR

DATE JUN 3 0 '59

Henry Berry	Mary Hunter	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give wor or dates of service)  Yes 3/8/01-3/7/04 225-28-2972	Clin_Records_Vets_Adm_Hosp	Address ital.Ft.Howard.Md.
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)  CARCINOMATOS  DUE TO  Conditions, if ony, which gove rise to immediate couse (a), stating the under-	:).]	INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DI OPERATION—Cholecystomy. 0/19/59. Et  Ascites, metastatic liver lesions 20a. Accident WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	THE BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION TO THE TERMINAL DISEASE CONDITION THE T	YES NO

20\_

22c. NAME OF CEMETERY OR CREMATORY

Baltimore National

1808-10 N. Monroe St. Baltimore, Maryland

20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, office bldg., etc.)

19.59 to June 24

DOODCOOK and that death occurred at 5:45 PM, fram the causes and on the date stated above.

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VS A15 (4) 15M 10/57

*	THE OF DEATH.	NO CERTIFICATION OF THE CERTIF		
	The same of the County of the		a south first	
	oremit:	AND SECTION	James	dw.T
	Farriet Connect (IV 2012 (	. Lettyred o	ditario inforbibiti i	
150 3	rain. mush		SMAP	
	A TAYAR TO SEE THE SEE		berolou	a.Lan.
vA. 1.11	Attribed Laguetta	Day Character		(Lean)
	Many House		Married House	
	legati e la	drive anyons,	uoterno in 11-no	Name of the
	Segritate of the South and Color Aus	en (of the order	norembliant~ne eisn zekan (c	
	eren estils Propose en no			
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VS A15 (4) 1SM 10/57

NDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6420 **CERTIFICATE OF DEATH** 

Keg. Dist. No.
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Baltimore  3 V 0 /- 4
d. STREET ADDRESS  2590 W. Fayette Street (30)  e. IS RESIDENCE ON A FARM? YES NO 23
BLOXOM  4. DATE Month Doy Yeor OF DEATH June 23 19 59
8. DATE OF BIRTH  9. AGE (In yeors light hirthdoy) 68 yrs.    Wonths   Doys   Hours   Min.
STRY 11. BIRTHPLACE (Stole or foreign country)  Baltimore, Maryland  U.S.A.
14. MOTHER'S MAIDEN NAME
Sarah Adams
INFORMANT Address
lin.Rec., Vet.Adm. Hospital, Ft. Howard, Maryland
LOWER LOBE  INTERVAL BETWEEN ONSET AND DEATH 21 HOURS  T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED?  YES NO X
ED. (Enter nature of injury in Part I or Port II of item 18.)
LACE OF INJURY (Home, farm, cloty, street, office bldg., etc.) (City or town) (County) (Stote)
7 19 59, to June 23 1959 , the concessor appearance
n occurred at 5:10A.M, from the causes and on the date stated abave.
ADDRESS (Street, city or town, state)  DATE SIGNED
M.D. VAH, FORT HOWARD, MARYLAND 6/23/59
VAH, FORT HOWARD, MARYLAND
OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
ational Cem. Baltimore, Maryland
ON AVE.   24a. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE
and DATEUN 2 4 '59 Orthury & thous

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retained by the haspital or attending physician.

IERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with gistrar prior to burial, cremation, or remaval, and in any event within 72 houry offer death.

NDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft

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		044	OF CEKIN	ICA	IL OI DE	чин			Reg. Dist.	No.	
1. PLACE OF DEATH o. COUNTY	Baltimore		MARYL		2. USUAL RESIDENCE O. STATE Ma.	E (Where		ved. If institution b. COUNTY	n: Residence	before adm	ission)
FORT HOWA	f outside corporate limi corest town) PQ	ts, write	c. LENGTH OF STAY IN	V 1Ь	c. CITY OR TOWN	N (If outs		e limits, write RL	JRAL and give	nearest to	wn)
OR INSTITUTION	AL (If not in hospital, of Administrat				d. STREET ADDRE	ESS		s Lane		ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	ARTHU	si	Middle N .	В	Lost OEMMEL		DATE OF DEATH	June	h	Doy 13	Yeor 19 59
5. SEX	6. COLOR OR RACE	7. MARR	NEVER MARRIED	8.	DATE OF BIRTH		9.	AGE (In years	IF UNDER 1 Y		
Male	White	WIDOWI		_	Jan. 14.	1920	200	last birthday) 39 yrs.	Months Do	ys Hour	s Min.
Carpenter	ON (Give kind of work in king life, even if retired	) _	KIND OF BUSINESS OR onstruction		Baltim			itry)	U.S		AT COUNTRY
13. FATHER'S NAME					14. MOTHER'S MAI	DEN NAM	AE				
Andrew Bo					Louise	Ros	8				
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INF	ORMANT			Addre	255		
Yes	WW II	2	18-03-3807	Cli	nical Rec	. VA	Hespi	tal, Ft	. Howa	rd. M	d.
	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO	A	ne for (o), (b), ond (c).] CUTE PANCRE							ONSET AN	D DEATH
Conditions, if or gove rise to it cause (o), stoting lying couse lost.	mmediate (	)	IRRHOSIS, E		, and on the						
PART II. OTH	IER SIGNIFICANT CON	-	ERFORATION 1		OT RELATED TO THE				N IN PART 1	PERF	AUTOPSY ORMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCC								2
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yes	While	NJURY OCCURRED Not while t of work	0e. PLAC facto	E OF INJURY fHome ry, street, office bldg	, form, )., etc.)	20f. (City or	town)	(Cou	nty)	(State)
21. I certify th	at Vattended the	decease	ed from. June	12	, 19_59, to	June	13	19 59	tKatorotae	KRADONIKO	0.00000
ACTUAL SIGNATURE	AHC!	2018X	xxxx and that d	leath a	occurred at 4:1	OOP.A	M, fram 1 DRESS (Stree	he causes ar t, city or town, s	nd an the	date sta	ted above
PHYSICIAN'S NAME (Type)	OTTO C. BEY		M.D.		VA Hosp	ital.	Ft.	Howard.	Md.	6-/71	150
220. BURIAL, CREMATION REMOVAL (Specify) Burial		F 9	Holy Redeen		REMATORY	220	d. LOCATIO	N (City, town, or elair Rd	county)	(Ste	ole)
3. FUNERAL DIRECTOR	SIGNATURE		ADDRESS, /	1	24a.	REC'D 8	Y REGISTRA	R 24b. REGIST	TRAR'S SIGNA		rate,
			NC St Sa	reden			1 6 '59	0	uling S. 9	Trans	
ENRY SANDER	& SONS, I	NC. N	IORTH AVE &	BROA	DWAY BALT	O MD		-		-	

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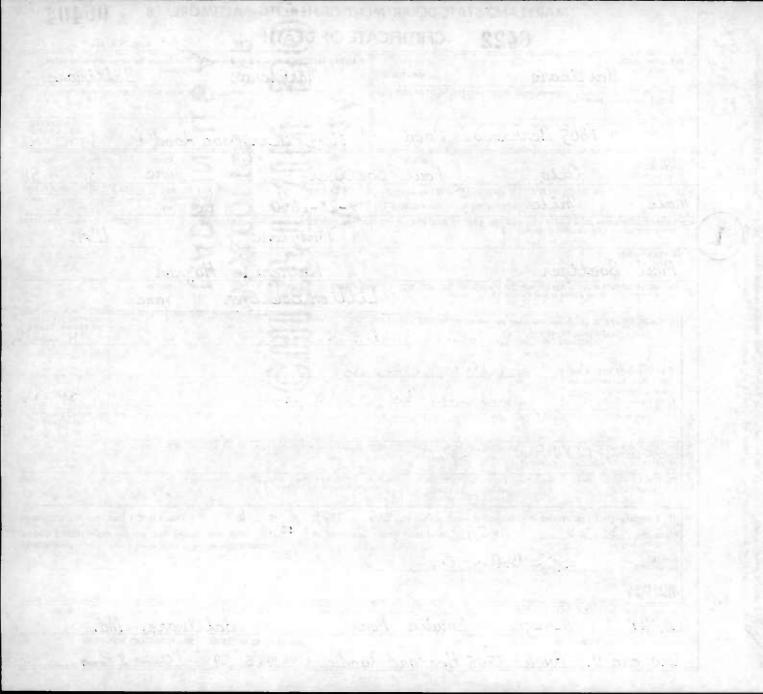
VS A15 (4) 15M 9/5B 

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6422 CERTIFICATE OF DEATH

Reg. Dist. No.

- mb				Keg. Dist. 140.
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where o. STATE Maryla	b. COUNTY	tion: Residence before admission)  Baltimore
b. CITY OR TOWN (If autside corporate limits, we RURAL and give nearest town)	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outs	ide corporate limits, write l	RURAL ond give nearest town)
d. NAME OF HOSPITAL (If got in hospital, give so or INSTITUTION 1805 Berry		1 d. STREET ADDRESS 1805 Ber	rywood Road	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Otto	Paul B	oettger	DATE OF DEATH Jur	nth Day Yeor ne 3 1959
Mala	MARRIED THEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH 7-21-1890	9. AGE (In years last birthdoy) yrs.	Months Days Hours Min.
<ol> <li>USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)</li> </ol>	10b. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State or Marylan)	1	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Paul Boettger		14. MOTHER'S MAIDEN NAI Kather		2
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	Informant Lillian Boet		aress ame
1B. CAUSE OF DEATH [Enter only one couse p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (o), (b), and (c).]	in disease		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate (b)	atherosclera	865		2,
couse (o), stoting the under- lying couse lost.  DUE TO  (c)	riabetes, las	et's Draces	د	39 425
PART II. OTHER SIGNIFICANT CONDITION  20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  OR CON	ONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINA	al disease condition gi	VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	DESCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in Par	rt I ar Port 11 of item 18.)	
Hour o. m.	Nod. INJURY OCCURRED  While Nat while to work of the office of the offic	LACE OF INJURY (Hame, farm, potary, street, affice bldg., etc.)	20f. (City or town)	(County) (State)
21. 1 certify that I attended the decalive an 3, 28	000000 11 0111,	6 , 1959 , to 6 . h accurred at 2 50 PM		that I last saw the deceased and an the date stated abave
ACTUAL SIGNATURE	livey	M.D. JOSEPH S	KLOVEN; M. D.	, stote) DATE SIGNED
PHYSICIAN'S NAME (Type)		Baltimore	larrord Road  14. Maryland	
220. BURIAL, CREMATION, 22b. DATE THEREOF BURLAL (Specify) 6-6-59	22c. NAME OF CEMETERY C	OR CREMATORY 2:	2d. LOCATION (City, town, Baltimor	or county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a, REC'D	BY REGISTRAR 24b. REG	ISTRAR'S SIGNATURE
Leonard J. Ruck	5305 Hartond 1	Road DATE IIIN	15 '59 a	rthug S. Frank



TO HOSPITAL OR

VS A15 (4) 15M 9/55

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6423 **CERTIFICATE OF DEATH** 

0130	Keg. Dist. 146.						
1. PLACE OF DEATH o. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. STATE Maryland b. COUNTYBaltim ore						
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) REISTEPSTOWN	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  Reisterstown						
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Dover Rd.	d. STREET ADDRESS  Dover Rd.  on a farm?  YES \( \) NO \( \)						
3. NAME OF DECEASED (Type or print) MATILDA M.	BREWER  4. DATE OF DEATHJUNE 1,1959 Day Yeor 19						
	B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS   Wonths   Doys   Hours   Min.						
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) HOUSEWIIE	II. BIRTHPLACE (State or foreign country)  England  England  III. CITIZEN OF WHAT COUNTRY  England						
13. FATHER'S NAME Richard Watson	14. MOTHER'S MAIDEN NAME Field						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	onald W. Brewer-Dover Rd.						
IMMEDIATE CAUSE (o).  DUE TO  Canditians, if any, which gave rise to immediate cause (o), stoling the underlying cause tost.  (b)  DUE TO  (c)	enson years						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY PERFORMED?  YES NO						
	D. (Enter nature of injury in Part I or Port II of item 18.)						
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Abe. PL. Hour a. m. P. m. 19 While at work of work of work	ACE OF INJURY (Home, form, ctary, street, affice bldg., etc.) (City or town) (County) (State						
21. I certify that attended the deceased from alive on 5 719 and that death ACTUAL SIGNATURE SIG	m.D. Reisters to My N						
220. BURIAL CREMATION, 22b. DATE THEREOF Sater's Bap							
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm Cook-Towson, Inc. Towson, Md.	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE  24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE						

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6424 CERTIFICATE OF DEATH

		0 14	- A					Reg. Dist.	, 140,
1, PLACE OF DEATH a. COUNTY	Baltimore		MARYL	AND	2. USUAL RESIDENCE (Who o. STATE Maryla		ived. If instituti b. COUNTY		before admission) ce George 's
b. CITY OR TOWN RURAL ond give Catons	(If outside corporate lime nearest town)	nits, write	c. LENGTH OF STAY IF 25yrlimth21		c. CITY OR TOWN (If or Laurel,			11	re nearest town) 1 41-2
d. NAME OF HOS OR INSTITUTION SPRING (	PITAL (If not in hospital, N BROVE STATE		oddress) SPITAL		d. STREET ADDRESS				e. IS RESIDENCE ON A FAPM? YES NO
3. NAME OF DECEASED (Type or print)		ay lay	Middle Hatcl	n	lost Brown	4. DATE OF DEATH	Q Mor		Day Yeor
5. SEX female	6. COLOR OR RACE White	7. MARR	HED NEVER MARRIES		8. DATE OF BIRTH May 16, 1885		AGE (In years last birthdoy) 74 yrs.		YEAR IF UNDER 24 HRS. Poys Hours Min.
10o. USUAL OCCUPA during most of w	TION (Give kind of wark orking life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (Stole of Minnesot		ntry)		S. A.
13. FATHER'S NAME				40	14. MOTHER'S MAIDEN N	AME	EJELL	30-71	
E.	E. Hatch				Melvina	Rowe			
1S. WAS DECEASED E (Yes, no. or unknown)	VER IN U. S. ARMED FO	service)	social security no.		ecords: SPRII	NG CRC	Add VE STA		SPITAL
Conditions, if gove rise to couse (o), stolin lying couse los	ony, which immediate og the <u>under-</u>	Con	minal Brond gestive hea eriosclerot	rt		ar dis	ease		2 days
CATIC					NOT RELATED TO THE TERMIN			VEN IN PART 1	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	WAS UNDERLYING [] NG [] CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURREE	). (Enter nature of injury in P	ort I ar Port II	of item IB.)		
20c. TIME OF INJ Hour o. m	1.	while of world	Not while	loe. PLA foc	CE OF INJURY (Home, form, tory, street, office bldg., etc.	20f. (City ar	r tawn)	(Cod	unty) (State)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	James Dona	12.5 M 1d Dr	inkard, M.D	deoth	ond SPRING G	_M, from the ADDRESS (Street ROVE Street Str	the couses of the couses of the couses of the couses of the couse of the couses of the couse of	and on the stote) HOSPITA	dote stated abov
23. FUNERAL DIRECTO	OR'S SIGNATURE	59	Codar /	Lel		BY REGISTRA JUN 1 6 '5		STRAR'S SIGN	
1000111	Tallmand	din	1213 706	-1	C A DATE	DIT I U	10	فد الاستانات	, rusula

MARY KARO STATE DEPARTMENT OF HEALTH FALTINGER, YE and the second of the second o 

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IDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after

TO HOSPITAL OR A

VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06407

CLOR CEPTIFICATE OF DEATH

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04%	5 CERTIFIC	ALE OF DEATH		Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who Maryland	ere deceased lived. If institution b. COUNTY	Residence before admission) Harford
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. LENGTH OF STAY IN 16		utside corporate limits, write RUF	(AL and give nearest town)
Fort Howard	35 Days	Edgewood	16	2 X - 2
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION  Veterans Administrati		Box 323		e. IS RESIDENCE ON A FARM? YES NO 📆
3. NAME OF First DECEASED (Type or print) DANTEL	Middle M.	BURKE	4. DATE Month OF DEATH June	Doy Yeor 2 1959
5. SEX 6. COLOR OR RACE 7. MARR	ED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years II	FUNDER 1 YEAR IF UNDER 24 HRS.
Male White WIDOWE		August 5, 189	5 lost birthdoy) 75 grs.	Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Warehouseman  U.	vil Service S. Government	Myra, Kent	or foreign country)	12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	<u></u>
James H. Burke		Virtreecy	Newsome	
Yes, no, or unknown)   (If yes, give war or dates of service)		Informant lin.Rec.,Vet.A	Addres dm. Hospital, Ft.	
Conditions, if ony, which gove rise to immediate couse (a), stoting the under-lying couse last.  (b)  DUE TO  (c)	ETASTASIS			
Part II. OTHER SIGNIFICANT CONDITIONS C				N IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURR	ED. (Enter noture of injury in P	ort I or Port II of item 18.)	
Hour o. m. 19 While of work	Not while of wark	LACE OF INJURY (Home, form, pottory, street, affice bldg., etc.	)	(County) (State)
21. I certify that I attended the decease	ed from April 28	19.59 , toJun	ie 2 1959 3	COCOCOCOCOCOCOCOC
stivoenaccaccaccaccaccaccaccaccaccaccaccaccacc	coopend that death		L.M., fram the causes and ADDRESS (Street, city or town, sto	
SIGNATURE / COMORDA	Marl	M.D. VAH. FORT	HOWARD, MARYLAI	6/2/9
PHYSICIAN'S DONALD D. MARK		M.D.		
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, fown, or	county) (State)
Burial 6-5-59	Cokesbury Co	emeterv	Agingdon, Mary	rland
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'E	BY REGISTRAR 24b. REGISTI	RAR'S SIGNATURE
H.K. McComas Funeral Nome	wornfaon' ust.	yland DATE OF		

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			NAME OF TAXABLE PARTY.	
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			\$ 100 miles	
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		ORIGINA A TITLOPEO		

Reg. Dist. No.

1. PLACE OF DEATH  o. COUNTY TO A TOWART	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY	e before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	GTH OF STAY IN 16	CITY OR TOWN (If outside carporote limits, write RURAL and g	ive nearest town)
Towson	6 Wks.	Kural- Tarkton	
d. NAME OF HOSPITAL (If not in haspital, give street address OR INSTITUTION	4	destreet ADDRESS M. 11 P.	e. IS RESIDENCE ON A FARM?
/owson conve/	10me	Cameron///// /d.	YES NO 🗆
3. NAMÉ OF DECEASED (Type or print)	Middle C P/	Lost 4. DATE Month OF DEATH JUNE	Doy Yeor 1959
5. SEX 6. COLOR OR RACE 7. MARRIED WIDOWED T	NEVER MARRIED		YEAR IF UNDER 24 HRS. Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND O	OF BUSINESS OR INDU		ZEN OF WHAT COUNTRY?
dyring most of working tife, even if retired) 10 USEW 1 T.E. OW	n hom	e Free and Md 2	L. S.A.
13. FATHER'S NAME	1	14. MOTHER'S MAIDEN NAME	
+ dward Kovs	Ton	Virginia Louis	0,.
	SECURITY NO. 17. 1	NFORMANT Address Address	124 h.
(Yes, no. or inhinown) (If yes, give wer or date of service)	- 3	Frank Cameron - Var	Klan Ma
18. CAUSE OF DEATH [Enter only one cause per line for (	o), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY:	Hensen	Cardio Vasculas disense	ONSET AND DEATH
443X DUE TO WHIT	estando	hemi plegia	
Conditions, if any, which )	1		The state of the state of
gave rise to immediate (			
lying couse last.			A COLUMN TO
PART 11. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY
AIL			PERFORMED?
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE H	IOW INJURY OCCURRE	D. (Enter nature of injury in Part 1 or Part II of item 18.)	1 113 110 11
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
20c. TIME OF INJURY Month, Day, Year 20d. INJURY N		ACE OF INJURY (Hame, farm, 20f. (City ar town) (City, street, affice bldg., etc.)	ounty) (State)
	lat while	city, sieer, office blog., dic.,	
21. I certify that I attended the deceased fro			ast saw the deceased
alive on May 31 , 19 59	_, and that death	accurred at 10 M, fram the causes and on th	e date stated abave.
(2 10 0 "		ADDRESS (Street, city or town, state)	DATE SIGNED
SIGNATURE TO THE	and	M.D. Jarkton md	6/2/59
PHYSICIAN'S AM FRI			
NAME (Type)	NCE		
220 BURIAL CREMATION, 22b. DATE THEREOF 22c	MAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, of county)	/ (Stote) /
BANGA / 6/4/59 /1	Lajor	1 (em, free ana	Ind.
23. FUNERAL DIRECTOR'S SIGNATURE	DORESS	/ 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	
Halott Harlenstein Ha	W Trong	AM TADATE JUN 8 '59 arthug 2	P. Frank

VS A15 (4) 15M 9/55

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(State)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

certificate death

VS A15 (4) 1SM 10/57

THE STEEL STATE OF THE STATE OF	MARYLAND STAYS DEPARTMENT OF NEALTH-SALTIMORES
2 / 11 (6 trans	RTABLE OF BEATH OF THE
Contract Contract	
RESIDENT STREET	
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VS A1S (4) 1SM 10/S7

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eral director,	be filed with	(	-	9	)

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6428 CERTIFICATE OF DEATH

_			OIN	, O OBKIII			- MATI				Reg. Di	st. No.		
1.	PLACE OF DEATH				2	USUAL RE	SIDENCE (Wh	ere decease	d lived. If ins		: Residen	ice befor	re admis	sion)
	Balto			MARYL	AND	o. STATE	Md.		b. COU	NTY	Balt	0.		
	b. CITY OR TOWN (1	If outside corporate limi	ts, write	c. LENGTH OF STAY I	N 1b	c. CITY OF	R TOWN (If o	utside corpo	rote limits, wr	ite RU	RAL ond	give nec	prest fow	n)
	Catonsvil	-		84			Balti	more		21	101	. 11		
		TAL (If not in hospital, g	ive street	oddress)		d. STREET		2010			701	7	e. IS RE	SIDENCE
							1.1.20	Massle 7	- 11-11	Da				A FARM?
=	Shady Noo	k Nursing		A4* 1 at					e Hall	Rd				
	DECEASED (Type or print)	Fit	51	Middle			tea	4. DATE OF		Month	-	Da	У	Yeor
_		RUTH	7	S.		ING		DEATH		Jun		9 2 VEAD	15 141 15	19 59
5.	SEX	6. COLOR OR RACE		RIED NEVER MARRIE		ATE OF BIR	- 4	414	9. AGE (In ye last birthde		Months	Days	Hours	Min.
	Female	White	WIDOW	460	- N.T.	ar. 4,	1869			yrs.				
10a	during most of world	king life, even it retired	done 10b.	at home	( INDUSTR	11. BIRTH	Md.	or foreign c	ountry)		12. CIT	IZEN O	F WHA	T COUNTRY
13.	FATHER'S NAME				1	4. MOTHER	'S MAIDEN N	IAME						
	Edward Sh	law			100		Mary	Barnu	m					
15			CES2 14	SOCIAL SECURITY NO.	17. INFO	DAA A NIT	J = 1			Addre				
(Ye		ilf yes, give war or dates of s		SOCIAL SECONIT NO.	1000		d Catl	ing -	4224 1			tran		
_					111	Dawai	u oa oz	7118	He ett 1	BO C.	TT TOOK	4 011		
		ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	0.	ne for (o), (b), and (c).	em	mh	age							DEATH
	331X	DUE TO		F 1.41	,		0,	,						
	Conditions, if o		des	resulined	ari	rea	selv	10 200	7			1	12 -	37 7
	gove rise to incouse (o), stoting		1700	U									7	
	lying couse lost.	) (c												
TATION	PART II. OTH	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	TH BUT NO	T RELATED 1	O THE TERMI	NAL DISEAS	E CONDITION	GIVE	N IN PAR	T 1(o) 1	9. WAS PERFO	DRMED?
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (I	inter nature	of injury in F	Port I or Par	t II of item 18.	)				- 41
	20c. TIME OF INJUR	Y Month, Day, Ye	r 20d. II	NJURY OCCURRED	20e. PLACE	OF INJURY	(Home, form,	20f (City	or town)			County)		(Slote)
MEDICAL	Hour o.m. p.m.	19	While of wor	Not while	factory	, street, offi	ice bldg., etc.	)						
	21. I certify th	at I attended the	deceas	ed from 18-	12-	, 195	3, 10 6	-13	<u></u>	59	that I	last so	w the	decease
	alive on	me 13	. 19-2	ond that										
	7	7 4	h						reel, city or to			ile du		ATE SIGNED
Э	ACTUAL -	Jan K	-	n/13/25/		40	034	3 . 6 . 2	- al 1	10-1			1-1	x x 9
	SIGNATURE//	227.6.71	Cola	a way our party	M.D				RECOL CA	2	>		97	2-21
	PHYSICIAN'S NAME (Type)	Imer K	80	1/3001		Bal	lison	re-	28,2	20	/.			
220	BURIAL, CREMATIO	N, 226. DATE THEREC	F	22c. NAME OF CEME	TERY OR C	REMATORY		22d. LOCAT	TION (City, to	wn, or	county)		(Sto	te)
	REMOVAL (Specify) Burial	6/13/59		Druid I	Ridge	Cem-		P	kesvil	70	Md			
23.	EUNERAL DIRECTOR	SIGNATURE A	ult	ADDRESS	- Bea	eto	24a. REC'E	BY REGIST	RAR 24b. F	REGIST	RAR'S SIG			
¥	Hann. t	1/4/10	1		7	111	DATE				hun S.	Tiran	14	
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				TO CALLED
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Large Committee Street				
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		10000		

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FUNERAL DIRECTOR: / Page 3 shauld be detach 0

6391 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY Baltimbre Maryland Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Baltimore 12. 15 yrs. X Baltimore 12. d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM 6408 Blenheim Rd. 6408 Blenheim Rd. YES NOTE NAME OF Middle 4. DATE Month DECEASED DEATH (Type or print) 6-16-59 Donaldson Cleveland 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 7 8. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. Months Doys 3-4-XX 1900 male white WIDOWED | DIVORCED | 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) investment broker U.S.A. investment Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John S. Cleveland Edna Wagner 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address wor or dates of service 212-03-0923 Mrs. Eleanor Cleveland above no 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Carcinoma of the lung, primary (broncho-IMMEDIATE CAUSE (o) DUE TO genic), with metastasis. Conditions, if ony, which gove rise to immediate DUE TO cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of item 18.) no accident or injry 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a. m. Not while at work of work 21. I certify that I attended the deceased from 9/3/58 .. 19\_\_\_\_that I last saw the deceased , and that death accurred at 2 a. M, from the causes and an the date stated above alive an ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE 1205 N. Calvert St., Baltihore 2, Md. PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) St. James Episcopal Monkton, Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS TOWSON 4. MON. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Brooks Funeral Service, 622 York Rd. DATE JUN 2 2 '59 Orthon & King

VS A15 (4) 15M 9/55

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16-59 FE-31	-a los feve follow	Comil Ison	
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	since a merchicular per sentucia. St. James Briscoppi Bonkucia. Aren Towado A. M. Languette Act	DA_RILA	Zmlwan
The state of the s			

TO HOSPITAL OR VS A15 (4) 15M 9/58 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
6429 CERTIFICATE OF DEATH

06413

Reg. Dist. No.

1	PLACE OF DEATH  O. COUNTY  MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before odmission) o. STATE b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CHY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If por in haspital, give street oddress) OR INSTITUTION OR MALE SINGE AND	1 d. STREET ADDRESS Ingleside are on a FARM?  YES NO
3	NAME OF DECEASED (Type or print) Catherine R. (1)	Chrane 4. DATE Manth Day Year OF DEATH 6/12 1959
5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH  6 10 1899  9. AGE (In yeors lost birthday)  6 0 yrs.    IF UNDER 1 YEAR   IF UNDER 24 HRS.   Months   Days   Hours   Min.
1	0a. USUAL OCCUPATION (Give kind of work done during most of working life, even it retired)	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME Atherine Borles
THE PERSON NAMED IN	5: WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	Conard Cochrane
	18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stoting the under:  DUE TO	ardial Jofaneten interval Between onset and Death unmedical
NOTA DISTRIBUTION	lying couse last. (c)	TO TRELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
		ED. (Enter noture of injury in Port I or Part II of item 18.)
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. Pl Hour a. m. 19 While Nat while at work at work 1	ACE OF INJURY (Hame, farm, 20f. (City or tawn) (Caunty) (State) actory, street, office bldg., etc.)
,	21. I certify that I attended the deceased fram. 3// alive an 1959, and that death  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  MAX J M; I/ev M.D.	h accurred at AM, from the causes and an the date stated abave.  ADDRESS (Street, city or tawn, state)  DATE SIGNED  M.D. 1047 May Durch AW AW 6/13/59
2	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, town, or county)  (Stote)
2	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE JUN 1 6 '59 Orllan & Kraus

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TO HOSPITAL OR

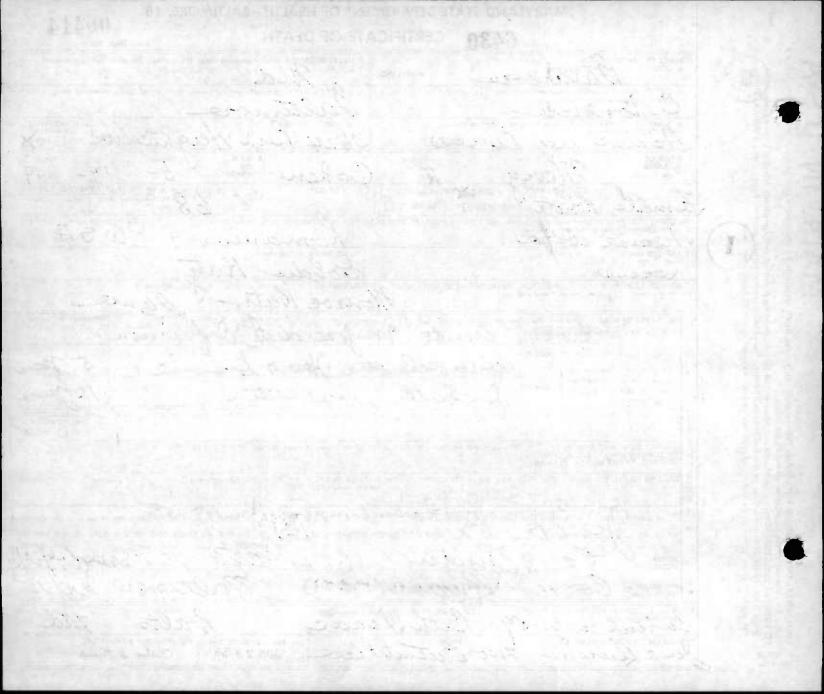
VS A15 (4) 15M 9/5B

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6430 **CERTIFICATE OF DEATH** 

116414 Reg. Dist. No.

1. PLACE OF DEATH  a. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where deceosed lived. If institution: Reside a. STATE b. COUNTY	ence before admission)
b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and RURAL and CONTROL CO	give nearest town)
d. NAME OF HOSPITAL (IF not in hospital, give spel gddress)  OF INSTITUTION  JOZESE W TURE  JEZE TORK Heights I	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)  Novey Sirst Middle Cohen 4. DATE OF DEATH  OF DEATH	19- 19- Yeor
temale White WIDOWED DIVORCED   100 birtishy) Months	R 1 YEAR IF UNDER 24 HRS.  Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane of work dane of working life, even if retired)  12. Cl. String most of working life, even if retired)	TIZEN OF WHAT COUNTRY?
13. FATHER NAME 14. MOTHER'S MAIDEN NAME Kate	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. MFORMANT House Katz - Address House in service)	æ
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  DUE TO  DIE	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gove rise to immediate cause (a), stating the under:  Due TO  Due TO  Due TO	5 Jean
Jying couse lost.   (c)   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	ART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO P
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 1B.)	
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. While Not while ot work ot work to work t	(County) (State)
21. I certify that I attended the deceased from horse has 195 , to mat I alive an 195 , 195 , and that death accurred at ADDRESS (Street city or town, stote)	last saw the deceased ne date stated above.
SIGNATURE GRED ONOLUN M.D. 6821 Keisleutens	erad, froh
PHYSICIAN'S NAME (Type) CEC/C NUDIFOR VICE SCHOOL COUNTY  220 JURIAL, CREMATION, 22b. DATE THEREOF 22c. SAME OF REMETERY OF CREMATORY 22d. LOCATION 10th, town_or_county)	P, kg.15
Burial 6-71-59 Beth Isaac Halte	Tha
23 FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  ADDRESS  ADDRESS  ADDRESS  DATE JUN 2 3 '59  ALLEN SIGNATURE  ADDRESS  ALLEN SIGNATURE  ALLEN SIG	



Reg. Dist. No.

		0000		
	1. [	PLACE OF DEATH O. COUNTY DO TOMBON MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Resident a. STATE b. COUNTY b.	nce before admission)
	1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town).	C. CITY OR TOWN (If butside carparate limits, write RURAL and	give nearest tawn)
X		d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION OCOL ARX WALL	STREET ADDRESS REDIO BOX 3 75	IS RESIDENCE ON A FARM? YES NO
		NAME OF First Middle DECEASED (Type or print)	Lost OF	Doy Year / 0 19.5-9
	5. 5	The Constitution	COICION	R 1 YEAR OF UNDER 24 HRS. Doys Hours Min.
	10a	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUduring most of working life, even if retired)	2000	TIZEN OF WHAT COUNTRY
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	4 31
		s, no_orguginown)   (If yes, give wor or dates of service)	INFORMANT Address  OHERT L. Cole, S.C. 8013 MORR	15 lane
		18. CAUSE OF DEATH [Enter only one cause per lipe for (a), (b), and (c),] PART I. DEATH WAS CAUSED BY:	DHERT TO SOLD WEEK	INTERVAL BETWEEN ONSET AND DEATH
		1446 X DUE TO Conditions, if any, which)		148
		gove rise to immediate cause (o), stating the under- lying cause last.	clerosis Generalized	1040
0	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAI	PERFORMED?
	CERTIFIC	206. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Part II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED Haur a. m. 19 While of wark of work	LACE OF INJURY (Hame, farm, 20f. (City or town) (ctary, street, office bldg., etc.)	(Caunty) (State)
		21. I certify that I attended the deceased fram Sep T 2	, 1956, to JANE 19, 1959, that I h accurred at 13 34 M, from the causes and an I	
		ACTUAL SIGNATURE Milliam C. Stade	ADDRESS (Street, city or town, state)  M.D. 140 Qak Ave. Dundel	DATE SIGNE TIND: 6-10-59
1		PHYSICIAN'S WILLIAM C. Wade, M.D.	/	/
	220	Burial, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETRY CO. BURILLY CO. 14-59	OR CREMATORY 22d. LOCATION (City, town, ar county)  Butting	~ Ma
8	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SI	10

may be retained the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the Tuneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. eath! Page 4 ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of

TO HOSPITAL OR

	TE OF DEATH		
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W 31 3 3 3 7 mg		Townson S	2000
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The state of the s	AL SENT	dia marka Alika kanga	The Name of Street
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	THE PERSON NAMED IN		
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		( News	ya basa Nazar
S. Distriction	CHER		15 M 27 2 18

Reg. Dist. No.

VS A15 (4 15M 9/58

P M		1. PLACE OF DEATH 2. USUAL RESI O. COUNTY Baltimore MARYLAND 2. USUAL RESI O. STATE	DENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY
old be		b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)	TOWN (If outside corporate limits, write RURAL and give nearest town)
090		d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION  J. J. Lade  J. 34	ADDRESS Helson are sis residence on a FARM?
ges 1 an	3	3. NAME OF DECEASED (Type or print) Reba Middle Cole	OF DEATH 6- 30- 1959
Page 1	5	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED   B. DATE OF BIRT	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR In June 1
death.	1	10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHP during most of working life, even if settired)	Alington 26 12. CITIZEN OF WHAT COUNTRY
re carbo rs after	1	13. FATHER'S NAME 14. MOTHER!	MAIDEN NAME
72 haur		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)	Cole 5023 lembridge (1)
Then pleas vent within		1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO	the Interval Between ONSET AND DEATH 2 years
and in any e		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost.  (b)  DUE TO  (c)	
burial-transit remaval, and	) in	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	D THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)  19. WAS AUTOPS PERFORMED? YES \( \sum_{\text{N}} \text{NO} \)
ar ar	10000	200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	of injury in Port I or Port II of item 18.)
cremation		20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 20d. INJURY OCCURRED While Not while of work of work of work	
detached fai ta burial, cr		21. I certify that I attended the deceased fram. 7-6 8, 19.57 alive an frame 30, 19.59, and that death accurred at	to June 20, 1929, that I last saw the decease
ar ar		ACTUAL Manuel Levin M.D. 48	18 Resteration Road 6/30/10
3 shauld gistrar pr	1	PHYSICIAN'S MANUEL LEVIN MID	BALTIMERE, MO.
page 3 shaulthe registrar p	2	220 Marial, CREMATION. 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY	22d. LOCATION (City, town, or county) Masses
0	2	23 FUNERAL DIRECTOR'S SIGNATURE ZIOO EUTOW PLACE	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

STATE OF THE DESIGNATION and the same of th

VS A15 (4) 15M 10/57

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06417 6432 CERTIFICATE OF DEATH

		N.U.	g. Dist. 140.
1. PLACE OF DEATH Baltimore	2. USUAL RESIDENCE O. STATE	E (Where deceased lived. If institution: R b. COUNTY	desidence before admission)
b. CITY OR TOWN (If autside corporate limits, write RURAL and two nearest town)	IGTH OF STAY IN 16 C. CITY OF TOWN	V (If outside corporate limits, write SURAL	ond give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 872720Ch. Parker R	Blvd 8427	"Loch Paren	Blad YES NO NO
3. NAME OF DECEASED (Type or print) HOWARD	Middle CRISE SI	P. JATE Month OF DEATH June S	27 Doy Year 1959
male white WIDOWED	NEVER MARRIED   8. DATE OF BIRTH	886   last birthdoy) Moi	INDER I YEAR IF UNDER 24 HRS.
100. USUAL OCCUPATION (Give kind of work done 10). KIND Of dering most of working life, even if retired)	F BUSINESS OR INDUSTRY 11. BIRTHPLACE (	State or foreign country)	2. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME LOUSE	14. MOTHER'S MANE	enda Rab	org
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown). (If yes, give wor or dated of service)	SECURITY NO. 17. INFORMANT	Crise & 8419 Low	hRaven Blod
18. CAUSE OF DEATH [Enter only one couse per line for to PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	(b), and (c).] :	aaditis	INTERVAL BETWEEN ONSET AND OF ATT
Conditions, if ony, which ) (b)	TONATY ATTE	by disease	
gave rise to immediate cause (a), stating the under- lying cause lost.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBU	UTING TO DEATH BUT NOT RELATED TO THE	ERMINAL DISEASE CONDITION GIVEN IN	N PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
20b. DESCRIBE HO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OW INJURY OCCURRED. (Enter nature of inju	y in Part I ar Part II af item 18.)	
ZOc. TIME OF INJURY Month, Day, Year 20d. INJURY O While No of work at at	OCCURRED 20e. PLACE OF INJURY (Home, factory, street, affice bldg	form, 20f. (City or town)	(County) (State)
21. I certify that I attended the deceased from alive an 1959	m. Masch, 19.55, to, and that death accurred at		at ( last saw the deceased
ACTUAL SIGNATURE PLOY CO	eleg MD. 14	ADDRESS (Street, city or town, state)	
PHYSICIAN'S NAME (Type) Richard Rigler	I.W	Overlea Ave Ba	lto.6 Md.
220. BURIAL, CREMATION, 226. DATE THEREOF 22C. N. SMOVAL (Specify)	heen mount	22d. LOCATION (City, town, or cou	may)
23. FUNERAL DIRECTORS GIGNATURE AD	1081-11. 6/6/1	REC'D BY REGISTRAR 246. REGISTRAR	S SIGNATURE

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and the second section of the second		
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Company of the Compan		

	CERTIFICAT	2629	
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	: ham a c		10000
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may be retained by the haspital ar attending physician.

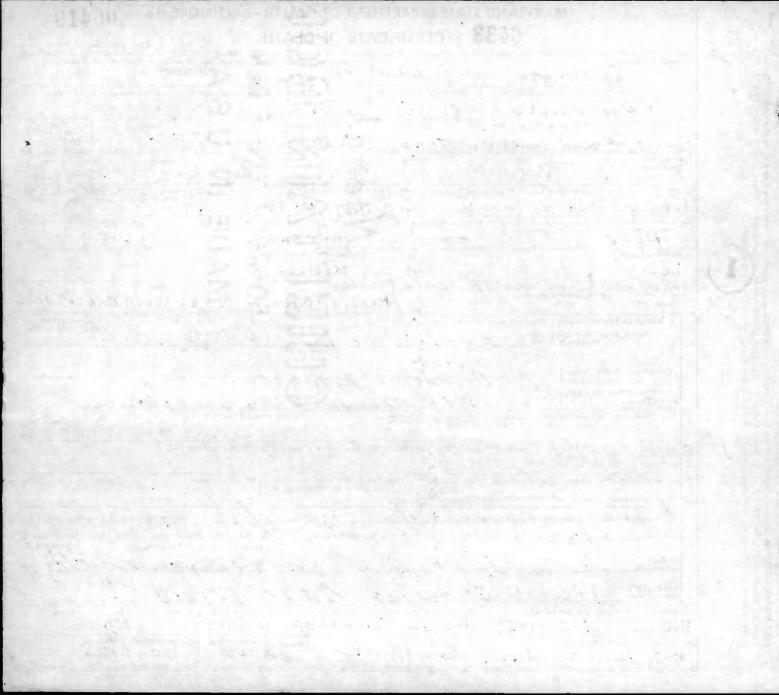
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban pagers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

NDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs afti

TO HOSPITAL OR VS A15 (4) 15M 9/58

#### 06419 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6/133 CERTIFICATE OF BEATH

		0400	CEKTIFIC	AIE OF D	EATH		Reg. Dist. No.	
1. PLACE OF D a. COUNTY	Baltimor	E	MARYLAND	o. STATE	ENCE (Where decease	d lived. If institution b. COUNTY	on: Residence befo	re admission)
RURAL	OWN (If autside corporate di give nearest town)		GTH OF STAY IN 16	( P)	OWN (If outside corpo	orate limits, write R	URAL and give nec	rest town)
d. NAME OF	ATONSUIL HOSPITAL (If not in hospital	I, give street address)	OYRS	d. STREET AL	TIMORE		01-4	e. IS RESIDENCE
FOREST	11 1 1	URSING 7	HOME	2880	WoodBRO	ok Au	6	ON A FARM
3. NAME OF DECEASED (Type or prin		First S E	Middle	Davis	4. DATE OF DEATH	JUNE	th Do	Year 19 S
TEMALI	- 111	VIDOWED WIDOWED	DIVORCED	B. DATE OF BIRTH	1-1872	9. AGE (In years last birthday) 8 7 yrs.	Months Days	Hours Mi
during mos	CUPATION (Give kind af wo t of working life, even if reti	ork done 10b. KIND OI red)	BUSINESS OR IND	HUN	CE (State or foreign of	auntry)	12. CITIZEN OF	WHAT COUNT
13. FATHER'S N.				14. MOTHER'S		<b>X</b>		
15. WAS DECEA (Yes, no, or unknow	SED EVER IN U. S. ARMED F		SECURITY NO.	PRULN D	aus -	2550 L		ok A.
cause (a), lying cau	e to immediate stating the under- se last.  TII. OTHER SIGNIFICANT CO	(c) M	EM IN L	AUG L- UT NOT RELATED TO	C/Revi	E CONDITION GIV	COLLAPS EN IN PART 1(0) 1	9. WAS AUTO PERFORMED
PART O DE CONTR (IF EITHER,	ENT WAS UNDERLYING DEATH	20b. DESCRIBE HO	OW INJURY OCCURI	RED. (Enter nature of	injury in Part I or Par	rt II of item 1B.)		YES NO
	FINJURY Month, Day, a.m. p.m.	While _ No	CCURRED 20e.	PLACE OF INJURY (H factory, street, office	ome, farm, 20f. (City bldg., etc.)	y or town)	(County)	(St
21. I cer alive on ACTUAL SIGNATURI	1000		///	th occurred at	M, fram	the causes an treet, city or town,	d an the date	
NAME (Type 220- BURIAL, CF REMOVAL	EMATION, 22b. DATE THE	77	AME OF CEMETERY BREW T	OR CREMATORY RIEND Shi		TION (City, town, o	or county)  HD	(State)
	RECTOR'S SIGNATURE	w	DDRESS Plan	res	24a. REC'D BY REGIS DATE JUN 2 4 '5		STRAR'S SIGNATUR	

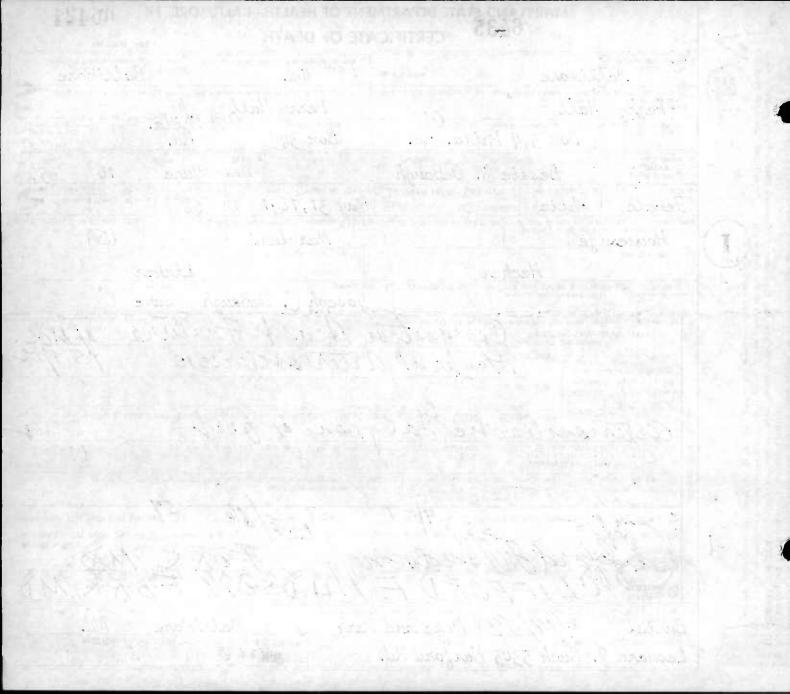


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VS A15 (4) 15M 9/5B M

	MARYLAN 64	ND STATE DEPA		ENT OF HEAL		MORE, 18	06	421
	<u> </u>	CERTII		TIL OI DEA		Re	g. Dist. No.	
1.	PLACE OF DEATH O. COUNTY Baltimore	MARYI	AND	2. USUAL RESIDENCE ( o. STATE Md.	Where deceased li	b. COUNTY	011.	e odmission) One
	b. CITY OR TOWN (If outside carporate limits, wr RUBAL ond give nearest town) Perry Hall	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (  X Perry	If outside corporate Hall	e limits, write RURA	L ond give near	rest town)
	d. NAME OF HOSPITAL (If not in hospital, give st OR INSTITUTION Box 344	Phila. Rd.		d. STREET ADDRESS Box 34	4	Phila. Rd.	•	ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)  Ressie	M. DeBaugh	2	Last	4. DATE OF DEATH	June	16 <sup>Do</sup>	Year 1959
5.	7 / / / / / /	MARRIED NEVER MARRIE		May 31,18	91 9.		JNDER 1 YEAR onths Days	Hours Min.
100	a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OF	RINDUS	Maryl	and	ntry)	12. CITIZEN OF	WHAT COUNTRY?
13.	FATHER'S NAME			14. MOTHER'S MAIDE	NAME	( . 1		
	Heck					Linke	2	
15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? If yes, give wor or dates of service)	16. SOCIAL SECURITY NO.	IN	Joseph C.	DeBaug	h same	e	
	18. CAUSE OF DEATH [Enter only one couse p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	pline for (o), (b), and (c).)	we	Hear	1 Fo	relur.		RVAL BETWEEN ET AND DEATH
	Conditions, if ony, which (b)	General	a	rterios	rebri	0515	7	5-chs.
	gove rise to immediate cause (a), stating the <u>under-lying</u> couse last.							
ATION	PART IS OTHER SIGNIFICANT CONDITION OF VERNE SIGNIFICANT CONDI	ons contributing to DEA	TH BUT	NOT RELATED TO THE TE	MINAL DISEASE C	CONDITION GIVEN	IN PART 1(a) 15	PERFORMED?
CERTIFICATION	20g. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INTURY OF	CURRED	). (Enter noture of injuly	in Port I ar Part II	of item 18.)		
MEDICAL	Hour o. m.	Od. INJURY OCCURRED  /hile Not while twork at work	20e. PLA foc	ACE OF INJURY (Hame, for tory, street, office bldg.,	arm, 20f. (City o	r town)	(County)	(Stole)
	21. I certify that attended the dec	(-0/11)	death	, 1958, to accurred at 2,3	C Fish th	e causes and c		the deceased
/	ACTUAL Sford 31	Huds	dr.	26 1		et, city or lown, stot		DATE SIGNED
	PHYSICIAN: OLLE	FOR.DI	E	HUD	SOM	1 Fo	PK	MD
220	DE BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	9 Morelar	3 b	CREMATORY OAR	22d. LOCATIO	in (City, town, or co	ounty) Md	(State)
23. FUNERAL DIRECTOR'S SIGNATURE  Leonard J. Ruck 5305 Harford Rd.  240. REC'D BY REGISTRAR'S SIGNATURE  DATE: UN 18'59  DATE: UN 18'59								



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394	CERTIFI

CATE OF DEATH

3. NAME OF DECEASED IN THE COLOR OF BACK ON A FART DOTAL OF BUSINESS OR INDUSTRY 11. BIRTHPIACE (Store or foreign country) Whom the Dery Hours Part 1 or Part 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) SCRIBE HOW INJURY OCCURRED OR CONCERNING COUNTRY OF SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) SCRIBE HOW INJURY OCCURRED OR CONCERNING COUNTRY OF SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) STORE OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) STORE OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) STORE OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) STORE OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) STORE OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) STORE OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) STORE OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) STORE OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) STORE OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) STORE OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) STORE OR CONTRIBUTION GIVEN IN PART 1 (a)		6394	CERTIFIC	ATE OF DEATH	1	Reg. Dist.	No.
BURNA ond give agrees from    June	o. COUNTY	Baltimore	MARYLAND	a STATE / / / /		DINTY A	•
3. NAME OF DECEASED FOR PROJECT OF THE PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS DICCEASED FOR PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS DICCEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  10. USAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  11. ANOTHER'S MAINE  12. CHIZEN OF WHAT COLUMN AND THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS DICCEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  16. SURAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.  17. INFORMANT  18. CAUSE OF DEATH (Enter only one course per lime for (a), [8], and (c).  18. CAUSE OF DEATH (Enter only one course per lime for (a), [8], and (c).  19. PART I. DEATH WAS CAUSED BY:  10. IMMEDIATE CAUSE OF DEATH  10. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOF PERFORMENT  19. OA ACCOUNT WAS UNDERLYING.  10. CONTRIBUTING DI CAUSE OF DEATH  11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOF PERFORMENT  18. TOTAL ORDER OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOF PERFORMENT  19. OR CONTRIBUTING DI CAUSE OF DEATH  10. THERE NOTIFY MOBILE ALMAN EXAMINE IN 19 WAS AUTOF PERFORMENT  19. MAD AUTOF PERFORMENT  19. MAD AUTOF PERFORMENT  19. MAD AUTOF PERFORMENT  20. CITIZED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOF PERFORMENT  21. I CERTIFY THOSE IN ADMINISTRATION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOF PERFORMENT  20. THERE NOTIFY MOBILE ALMAN EXAMINE IN THE PERFORMENT  20. CITIZED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOF PERFORMENT  21. I CERTIFY THOSE IN THE PERFORMENT  22. I LECTRICAL THE PERFORMENT  23. THE PERFORMENT  24. DEATH OF THE TERMINA	RURAL and give t	represt town)	c. LENGTH OF STAY IN 18	11 /1 1 1	1	write RURAL and give	e nearest town)
DECEASED SUPPLY STATE OF COLOR OR RACE   ARRIED   NEVER MARRIED   B. DATE OF BIRTH   SUPPLY STATE   NAME	d. NAME OF HOSPI OR INSTITUTION	1910 V. F.	0 1		nship Rd.		IS RESIDENCE     ON A FARM?     YES    NO
10. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (Stole or foreign country)   12. CITIZEN OF WHAT COLUMN   13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   18. MAS CAUSED DEVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   18. MAS CAUSED BY: IMMEDIATE CAUSE (a)   18. MAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   18. MAS CAUSED BY: IMMEDIATE CAUSE (a)   18. MAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   18. MAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   18. MAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   18. MAS CAUSED BY: IMMEDIATE CAUSE (a)   18. MAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   18. MAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   18. MAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   18. MAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   18. MAS DECEASED EVER IN U. S. ARMED FORCES?   18. SOCIAL SECURITY NO.   17. INFORMANT   18. MAS DECEASED EVER IN U. S. ARMED FORCES?   18. SOCIAL SECURITY NO.   17. INFORMANT   18. MAS DECEASED EVER IN U. S. ARMED FORCES   18. SOCIAL SECURITY NO.   17. INFORMANT   18. MAS DECEASED EVER IN U. S. ARMED FORCES?   18. SOCIAL SECURITY NO.   17. INFORMANT   18. MAS DECEASED EVER IN U. S. ARMED FORCES?   18. SOCIAL SECURITY NO.   17. INFORMANT   18. MAS DECEASED EVER IN U. S. ARMED FORCES   18. SOCIAL SECURITY NO.   17. INFORMANT   18. MAS DECEASED EVER IN U. S. ARMED FORCES   18. SOCIAL SECURITY NO.   17. INFORMANT   18. MAS DECEASED EVER IN U. S. ARMED FORCES   18. SOCIAL SECURITY NO.   17. INFORMANT   18. MAS DECEASED EVER	(Type or print)	7 1 . 1	Carl Middle	Λ.,	OF	0 /	7
Baltimore, Md.  USA  13. FATHER'S NAME  Frederick  Carl Dietz  14. MOTHER'S MAIDEN NAME  Address  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Was DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Was Cheel M. Killens  Address  Same  18. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate course (a), toloing the under  Lying course lost:  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO FEEDORAGE (Enter noture of injury in Part 1 or Part 11 of item 18.)  20a. ACCIDENT WAS UNDERLYING:  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of item 18.)  20c. TIME OF INJURY Manth, Day, Year 20d, INJURY OCCURRED. (Enter noture of injury in Part 1 or Part 11 of item 18.)  21. I certify that altended the deceased from any that work:  19	s. sex mace	11/2:+0	10	11 1 23 4 00	last birt	hday) Months De	
The derick (art Dietz Catherine  15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Ethel M. Killens Address  [16. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).]  [18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).]  [19. CAUSE OF DEATH [Enter only one couse per line for (a), (b), ond (c).]  [10. Conditions, if any, which gave rise to immediate couse (a), stoling the under-lying couse lost.  [10. Conditions, if any, which gave rise to immediate couse (a), stoling the under-lying couse lost.  [10. Conditions, if any, which gave rise to immediate couse (a), stoling the under-lying couse lost.  [11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOFERO OR CONTRIBUTING CAUSE OF DEATH COR. CONTRIBUTION CONTRIBUTI	Ret. Main	rking life, even if retired)	KIND OF BUSINESS OR IN	Baltimo	re, Md.	12. CITIZE	SA COUNTRY
Test   County   Cou	- 1	rick Carl D	ietz	1 1 .			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stoling the under-lying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO-PERFORMENT YES NC  NC CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. ACCIDENT WAS UNDERLYING NOR CONTRIBUTING CONTRIBUTING COLURRED. (Enter noture of injury in Part I or Part II of item 18.)  200. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.)  P. m. 19 of work of work of work of the course and on the date stated of work of the course and on the date stated of alive on 19 of the course and on the date stated of ADDRESS (Street, city or town, stole)  PHYSICIAN'S NAME (Type)  NAME (Type)	(Yes, ng, or unknown)		SOCIAL SECURITY NO. 17	An I I I A	1. Killens		vne
DUE TO  Conditions, if any, which gave rise to immediate cause (a), stoling the underlying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPERFORMENT (PESTORMENT)  YES NO CONTRIBUTING CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPERFORMENT (PESTORMENT)  YES NO CONTRIBUTING CONTRIBUTING CONTRIBUTING COURRED (Enter noture of injury in Part 1 or Part 11 of item 18.)  OCCUPANT OF INJURY Manth, Day, Year Contribution Course of Injury (Hame, farm, 20f. (City or fawn) (County) (Society, street, office bldg., etc.)  20c. TIME OF INJURY Manth, Day, Year and work of the work of Injury (Hame, farm, 20f. (City or fawn) (County) (Society, street, office bldg., etc.)  21. I certify that attended the deceased from that death occurred at ADDRESS (Street, city or fown, stole) DATE SOCIETY (Page)  ACTUAL SIGNATURE MAD ADDRESS (Street, city or fown, stole) DATE SOCIETY (Page)  PHYSICIAN'S NAME (Type) OSWA A BOYYIOSMA)		ATH WAS CAUSED BY:	ne for (a), (b), and (c).]	eng Eml	gless		INTERVAL BETWEEN ONSET AND DEATH
gave rise to immediate (a), storting the under- lying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPERFORMED (FEBRORMED TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINE)  20a. ACCIDENT WAS UNDERLYING (County) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)  20a. ACCIDENT WAS UNDERLYING (County) 19. WAS AUTOPERFORMED (FEITHER, NOTIFY MEDICAL EXAMINE) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.)  20a. ACCIDENT WAS UNDERLYING (County) 19. WAS AUTOPERFORMED (FEITHER, NOTIFY MEDICAL EXAMINE) (County) (Some county) 19. Was autoperformed injury in Part I or Part II of item 18.)  21. I certify that attended the deceased from (County) (Some county) (So	Conditions, if	DUE TO (b)	Lurian	Con Buti	llatin		1.
20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED Hour a.m., p.m. 19 While at work at work at work at work and that death occurred at ADDRESS (Street, city ar town, stote)  21. I certify that attended the deceased from that death occurred at ADDRESS (Street, city ar town, stote)  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  DAVE STORY  NAME (Type)	cause (a), stoting	the under-	Uterwa	cleratio /	Learth	liseos	Jun 195
20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED Hour a.m., p.m. 19 While at work at work at work at work and that death occurred at ADDRESS (Street, city ar town, stote)  21. I certify that attended the deceased from that death occurred at ADDRESS (Street, city ar town, stote)  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  DAVE STORY  NAME (Type)	PART II. OT	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERM	inal disease condition	ON GIVEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED? YES NO
21. I certify that attended the deceased from ALL 1956, to Supply that I last saw the decalive on Government of the stated of th		AS UNDERLYING 206. DES G CAUSE OF DEATH Y MEDICAL EXAMINER)	CRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in	Part I ar Part II of item	18.)	
alive on GN 159, 19 9PM and that death occurred at 12 M from the causes and an the date stated a ADDRESS (Street, city or town, stote)  ACTUAL SIGNATURE CONDINE DATES  NAME (Type) OSW2/J BOYYIOSMD  ADDRESS (Street, city or town, stote)  ADDRESS (Street, city or town, stote)  DATES  ACTUAL  SIGNATURE  OSW2/J BOYYIOSMD  ACTUAL  ADDRESS (Street, city or town, stote)  ADDRESS (Street, city or town, stote)  ACTUAL  SIGNATURE  OSW2/J BOYYIOSMD  ACTUAL  ADDRESS (Street, city or town, stote)  ADDRESS (Street, city or town, stote)  ACTUAL  SIGNATURE  OSW2/J BOYYIOSMD  ACTUAL  ADDRESS (Street, city or town, stote)  ACTUAL  ADDRESS (Street, city or town, stote)  ACTUAL  SIGNATURE  OSW2/J BOYYIOSMD  ACTUAL  ADDRESS (STREET, city or town, stote)  ACTUAL  ADDRESS (STREET, city or town, stote)  ACTUAL  ADDRESS (STREET, city or town, stote)  ACTUAL  ACTUAL  ACTUAL  ACTUAL  SIGNATURE  OSW2/J BOYYIOSMD  ACTUAL  ACT	20c. TIME OF INJU Hour a. m. p. m.	While	Nat while			(Cau	enty) (Stote)
ACTUAL SIGNATURE (Sural) Beyon M.D. 2 903 W. Wooder W. D. PHYSICIAN'S NAME (Type) OSW2/d Beyrios MD Sulta 22		hat attended the deceas	9PM 1	th occurred at 12	A from the co		
PHYSICIAN'S OSWald BRYYIOSMD Salta # 27	ACTUAL	swall B	enso			4 6	DATE SIGNE
	PHYSICIAN'S	Oswald	Beyrios.	mp	/	Salte	7/27
Burial (Specify) 226. Date thereof New Cathedral Cem. 226. LOCATION (City, Town, or county) Burial Burial (Specify) 6-30-59 New Cathedral Cem. Baltimore, Md.	O REMOVAL (Specify		\ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1 1 /	1 /1 /	64 7	(State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Leonard J. Ruck 5305 Hartord Road #14 DATE JUN 29'59	1	1 11 0 1	11 : 10	1			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fun page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the registrar priar to burial, crematian, ar remayal, and in any event within 72 hours offer death. ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aff TO HOSPITAL OR

funeral director, uld be filed with

eath. Page 4

VS A15 (4) 15M 9/55

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			All hydreside ficts	
			Autor Miller II	

VS A15 (4) 15M 10/57

	MARYLAN 6437	STATE DEPARTM Items 1.12 Fill CERTIFIC	ATE OF DEATH	at.	TIMORE, 1	Reg. Dist. N	064	23
1. PLACE OF DEATH o. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (WI o. STATE Mary	here deceased	d lived. If institution b. COUNTY		fore odmis	
TOWS:	ITAL (If not in hospital, give stre	li yrs	c. CITY OR TOWN (IF a Tows on d. Street Address 6308 Blen			URAL ond give r	e. IS RES	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First Anna	Middle	Donnelly	4. DATE OF DEATH	Mont Jun			Yeor 19 59
5. SEX Female	White woo	ARRIED NEVER MARRIED NEVER MARRIED DIVORCED	8. DATE OF SIRTH  NOV. 9, 187		lost birthdoy) 77 yrs.	Months Doys	Hours	ER 24 HRS. Min.
auring most or wo	ION (Give kind of wark done) 10 rking life, even if retired)	DE. KIND OF BUSINESS OR INDU	Bavaria,  14. MOTHER'S MAIDEN	Germa		U.S.		COUNTRY
(Yes. no. or unknown)  18. CAUSE OF DE	(If yes, give wor or dates of service)  ATH [Enter only one couse per ATH WAS CAUSED BY:	6. SOCIAL SECURITY NO. 17.	Barbar INFORMANI IX Mrs. John H	1. 1.	Addr	8 Blenh	RIM R	TWEEN
Conditions, if gave rise to couse (o), stating lying cause lost	the under-	disease	and the second	M	o payee		Ş	
PART II. OT	THER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT				EN IN PART 1(o)	PERFC	AUTOPSY DRMED?
20g. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF) 20g. TIME OF INJU Hour a.m.	CAUSE OF DEATH Y MEDICAL EXAMINER)  RY Month, Day, Year 20d Whi	. INJURY OCCURRED 20e. PI	ACE OF INJURY (Home, form	20f. (City		(County	r)	(Stote)
	hat I attended the december 29, 19  Reducek for C  REDERICK J	ased from Just		M, from	n the causes a reet, city or town, s	nd an the d	ate state	
220. BURIAL, CREMATII REMOVAL (Specify Burial 23. FUNERAL DIRECTOR  WHICH A CONTROL  23. FUNERAL DIRECTOR  24. WILLIAM  25. FUNERAL DIRECTOR  26. FUNERAL DIRECTOR  27. FUNERAL DIRECTOR  28. FUNERAL DIRECTOR  29. FUNERAL DIRECTOR  29. FUNERAL DIRECTOR  20. FUNERAL	July 1, 195	22c. NAME OF CEMETERY CO Cathedra ADDRESS 5 ) (alvert	1 Cemetery	Bal D BY REGIST	RAR 24b. REGIS	r county)  Marylane  TRAR'S SIGNATI		e)

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A absent by	Committee and the conference of			

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220. BURIAL, CREMATION, 226. DATE THEREOF

Burial 7/1/59
23. FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)
Burial

M

06424

			6438	CERTIF	ICATE OF DEA	ATH		Reg. Dist.	No.
1.	PLACE OF DEATH	Baltim	012	(D. MARYLA	2. USUAL RESIDENCE O. STATE	E (Where deceased	t lived. If instill b. COUN		pefore admission)
	b. CITY OR TOWN	(If autside carporate nearest tawn)	imits, write c.	2 5413	16 c. CITY OF TOWN	I fourside carpo	rate limits, write	e RURAL ond give	nearest town)
5	OR INSTITUTION	PITAL (If not in haspita	a Te	Hospita	d. STREET ADDRE	ss 2	15+	5+	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	Bern	Tha	Middle	DorseH	EL 4. DATE OF DEATH		honth 2	f 19 5-3
	SEX F	6. COLOR OR RAC	WIDOWED [		5/6-10-10	8.74		Manths Da	EAR IF UNDER 24 HRS.  ys Hours Min.
K	1UTSe	FION (Give kind of woorking life, even if reg	rk dane 10b. KIN red)	D OF BUSINESS OR	INDUSTRY 11. PRTHPLACE	154/20	antry)	1	N OF WHAT COUNTRY?
	Step.	hen Do	rsch	e1		EVINE		wen	demai
	WAS DECEASED EV	VER IN U. S. ARMED F		CIAL SECURITY NO.	Emma.	Dorse	hel"	Stop Pi	Hsburg F
		EATH [Enter only one EATH WAS CAUSED B IMMEDIATE CAUSE	Y: Av.	teriose	lerotic he	art d	isease		INTERVAL BETWEEN DISET AND DEATH
	Conditions, if	ony, which immediate	10 (b) 9(1	nerali	zed ar	terios	cler	2120	long stano
z	lying couse last	g the <u>under-</u>	(c)	TRIBUTING TO DEATH	A DUT NOT DELATED TO THE	FEBRUARIA DISCAS	COMPUTAL		illo was turossy
CERTIFICATION			ma	Inut	BUT NOT RELATED TO THE	7		GIVEN IN PART I(	PERFORMED? YES NO
	OR CONTRIBUTIN	VAS UNDERLYING [] IG [] CAUSE OF DEAT IY MEDICAL EXAMINE	H	E HOW INJURY OCC	URRED. (Enter nature of inju	ry in Port I ar Port	II of item 18.)		
MEDICAL	20c. TIME OF INJU Hour a. m p. m	1	While	Not while	e. PLACE OF INJURY (Home factory, street, office bldg	farm, 20f. (City ., etc.)	ar tawn)	(Caur	nty) (State)
	21. I certify	that I attended t	he deceased		eath occurred at /	P.M. from	the causes	and on the	t saw the deceased date stated above.
	ACTUAL SIGNATURE	Stella	Was	holer	M.D. SPRING	GROVE	reet, city or tow STATE	HOSPITAI	6-29-59
	PHYSICIAN'S NAME (Type)	Stella Wa	achsler,	M. D.	Catons	ville 28	, Mary	land	

22c. NAME OF CEMETERY OR CREMATORY

Old St. Paul's

Wm. Cook, Inc., 1217 St. Paul Street, Balto. 2, Md DATE JUL 6 '59

22d. LOCATION (City, tawn, or county)

Baltimore County, Md.

24b. REGISTRAR'S SIGNATURE Cirilhung S. Kraus (State)

VS A15 (4) 15M 10/57

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death.

executed within 24 hours after

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06425

Reg. Dist. No.

#### 6439 CERTIFICATE OF DEATH

				- I	
1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF D	ECEASED	
COUNTY Baltimore	MARYLAND	STATE Maryl	and county	Balti	more
CITY (If outside corporete limits, write RURAL OR and giva naarest town)	LENGTH OF STAY	CITY (If outside corp	orata limits, writa RURAL		
Reisterstown	(in this plece)	X TOWN Reist	erst.own		
HOSPITAL OR	100 715	STREET		ive location)	
STREET ADDRESS Old Hanover Ro	ad	ADDRESS	Hanover Re		
3. NAME OF (First)	(Middle)	(Lest)	4. DATE (MG		y) (Year)
(Type or Print) Julia		Duncan	OF DEATH J		19 59
5. SEX 6. COLOR OR 7. SINGLE, MA	RRIED, 8. DATE	OF BIRTH	9. AGE last birthday	IF UNDER 1 YE	
	Bept	30 1869	89 yrs.		ys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)		ITIZEN OF WHAT
retirad) Housewife	=	Maryland			USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
William H Belt		Mary Ann	Brown		and the second
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS		-
(Yas, no, or unk.) (If Yes, give war or dates of service)	None	Marion 0	Duncan Re	isterst	town Md
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA	18. MEDICAL CE				INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEA					ONSET AND DEATH
35/X IMMEDIATE CAUSE (A)	Cerebral Hem	norrhage			4 hrs.
ANTECEDENT CAUSE(S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE					
DISEASE OR CONDITION CAUSING DEATH.	none				
198. DATE OF OPERATION 196. MAJOR FINDIN	GS OF OPERATION				20. AUTOPSY?
21a. ACCIDENT WAS UNDERLYING TO 1 21b. PLACE (I	loma, farm, fectory.	21c. WHERE DID INJURY OCC	JR? (City or town)	(County)	YES NO (State)
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (IF OR CONTRIBUTING   CAUSE OF DEATH OF INJURY stree (IF EITHER, NOTIFY MEDICAL EXAMINER)	et, office bldg., etc.)	none	on (ch) or lown)	(County)	(Sidia)
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour)	21a. INJURY OCCURRED	21f. HOW DID INJURY OCC	UR?		
	While Not while of work	one			
22. I hereby certify that I attended the de	4-20-	47 10 1- 6	-21-590		
alive on 6-21-59, 19	and at a total and a second			, that I last	saw the deceased
SIGNATURE	ind that death occurred	at	Causes and on the DRESS (Streat, city, to	date stated al	bove.  DATE SIGNES
D. D. Caples	6	Hanoven Rd			LATE SIGNET
23. BURIAL, CREMATION,   DATE THEREOF	M.D.	Reisterstow R CREMATORY	LOCATION (City, toy	vn. or county)	6-23-59 (State)
REMOVAL (SPECIFY) Burial Tune 24 1			1		
24. REC'D BY REGISTRAR   REGISTRAR'S SIGNAT		town Meth Ce	m Reisters	stown	Md
DATE JUN 25'59 Carter S. Ka		Wm Blow	ħ	Reiste	erstown M
C. 1010 1 21, 7011		1000100	TINGUMINA	6)	

ENERGY ST SHOWING

OF AROMETRE-PERSON OF HEALTH-SATISFAND STATE GRAINAM

### SESS CERTIFICATE OF DEATH

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		resistan da	

VS A15 (4) 15M 10/57

06426

Reg. Dist. No.

		MARYLAND O. STATE MARYLAND B. COUNTY BALTO CO.
	ŧ	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)
		BALTIMORE 6 NO. X BALTO. M
	,	d. NAME OF HOSPITAL AT not in hospital, give street address) OR INSTITUTION  e. IS RESIDENCE ON A FARM?
		736 MOSGERS TORGE KD. VES INO IN
	- 1	NAME OF DECEASED HERE LED Middle DONN 1911 4. DATE Month 3 Day Year OF DEATH 6 30 19 59
N	5. 5	
1	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign county)
	13.	FATHER'S NAME DUNN 14. MOTHER'S MAJOEN NAME ShERIDAN
	15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  Andrews 18 yes, give wor or dates of service)  19-10-1611
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0)  HEAT Exhaustron  ONSET AND DEATH Chouse
		434, 4 DUE TO
		Conditions, if ony, which (b)
	Ī	cause (a), stating the under. DUE TO lying cause last. (c)
	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES \( \sigma \text{NOT} \)  NO X
	CERTIFI	20a. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESQRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour a.m.  Hour a.m.  19 While Not while of work of the order of the ord
		21. I certify that I oftended the deceased from Oct 19, 1936, to June 30, 195 That I last sow the deceased
Н		olive on June 3019 59, and that death occurred at 10 PM, from the causes and on the date stated above.
		ACTUAL ADDRESS (SING), city or lown, stote) Ball MALL
1		SIGNATURE MANAGE OF SOUTH AND 11010 VOULE OF SOUTH PORT.
		PHYSICIAN'S NAME (Type)
	6	BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or caunty) (State)
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
E	η.	WILENKINS & DONS CO. 4903 YORK KP BACO. 12 DATEJUL 1 '59   CITCHIA & House

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ely filled in by the funeral director, Pages 1 and 2 shauld be filed with

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6441

**CERTIFICATE OF DEATH** 

06427

					Re	g. Dist, 140	).
1. PLACE OF DEATH o. COUNTY Baltim	ore	MARYLAND	2. USUAL RESIDENCE (WI o. STATE Mary 1	<b>5</b>	If institution: For COUNTY	Residence befo	ore admission)
<ul> <li>CITY OR TOWN (If outside RURAL and give nearest to</li> </ul>		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate lin	nits, write RURA	L ond give ne	earest fown)
Catonsville		15vr2mth19dv	Baltimor	е		3	3 VO1. 4
d. NAME OF HOSPITAL (IF NO OR INSTITUTION SPRING GROVE	~	oddress) PITAL	d. STREET ADDRESS	oss Stree	t		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF	First	Middle	Lost	4. DATE	A 4 a4	-	
(Type or print)	John	Joseph	Dwyer	OF DEATH	June	8	Yeor 19 59
	hite WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	Jan. 8, 1	.891 9. AGI lost	birthdoy) Mo	onths Doys	R IF UNDER 24 HRS Hours Min.
10o. USUAL OCCUPATION (Give during most of working life,	kind of work done 10b.	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stote	or foreign country)	1	12. CITIZEN	OF WHAT COUNTR
pipe fitter		lto.Gas & Ele	c. Maryla	nd		U. S	5. A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN I				
Joseph Dw	yer		Annie S	chebrech	t		
15. WAS DECEASED EVER IN U.	S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Address		
YES W		212-07-6128	Records: SPI	RING GROV	VE STAT	IE HOS	SPITAL
18. CAUSE OF DEATH [En PART I. DEATH WAS IMMED 15 / X Conditions, if ony, whi gove rise to immedia couse (o), stoting the undifying couse lost.	CAUSED BY: DUE TO  Ch DUE TO  Ch DUE TO  Ch DUE TO	arcin oma of th	ne stomach				TERVAL BETWEEN USET AND DEATH
PART II. OTHER SIGN	Malnut	CONTRIBUTING TO DEATH BU rition and del	nydration			IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
	RLYING () ISE OF DEATH LL EXAMINER)	CRIBE HOW INJURY OCCURRI	ED. (Enter noture of injury in	Port I or Part II of i	lem 18.)		
20c. TIME OF INJURY Mon Hour o. m. p. m.	19 While of work	Not while fo	LACE OF INJURY (Home, form octory, street, office bldg., etc	)		(County)	
actual SIGNATURE PHYSICIAN'S NAME (Type)	8 19 LLLO RA 10 Radauskas		M.D. SPRING ( Catonsvil	M, from the ADDRESS (Street, cire) ROVE STA	causes and ty or town, state TE HOS cryland	an the do	
220. BURIAL, CREMATION, 22b. REMOVAL (Specify) BURIAL	6-11-59	Baltimore 1		22d. LOCATION (C B <sub>a</sub> ltim		ounty)	(Stote)
23. FUNERAL DIRECTOR'S SIGNAL Wm. Cook, Inc.,		ADDRESS Paul Street	24o. REC'	N 9 '59	24b. REGISTRA	R'S SIGNATU	_

may be retained the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be detached far use as the burial-transit permit. Then please remave <u>carb</u>an papers. Pages 1 and 2 shauther registrar priar to burial, crematian, ar remaval, and in any event within 72 hays after death. NDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft

TO HOSPITAL OR

VS A15 (4) 15M 10/57

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

06428

	6443	CERTIFICA	ATE OF DEATH	1		Reg. Di:	st. No.		
1	PLACE OF DEATH a. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryland	ere deceased li	ved. If institution b. COUNTY	an: Residen	ce befa	re admis	sion)
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporate	e limits, write R	URAL and	give nec	rest taw	n) 🗸
	Catonsville	1 month	Baltimore C:		3V	01-1	4		
	d. NAME OF HOSPITAL (If not in haspital, give street		d. STREET ADDRESS			-		e. IS RE	SIDENCE
	Spring Grove State Hosp	ital	3818 Bell A	Ve. 7.0	ne 15			YES T	FARM?
3	NAME OF First DECEASED (Type or print)  Joseph	Middle Edward	lost Ederr	4. DATE OF DEATH	Mon June	th	10		Year 19 59
5	SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years	IF UNDER		IF UND	
	Male White widow		11-22-97		68 yrs.	Months	Days	Haurs	Min.
1	a. USUAL OCCUPATION (Give kind af wark done 10b	KIND OF BUSINESS OR INDU	7 /-	or fareign coun	0.0	12. CIT	IZEN O	F WHAT	COUNTRY
	during most of working life, even if retired)		Maryland			17	S.A		
1:	. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME		- 0	2000	-	
L	Charles Ederr		Svlvia				-		
	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17.	NFORMANT		Addr	ress			
-{	(If yes, give wor or dates of service)		Hospital Red	cords S	pring G	rove			
NOTA DESTRUCTION	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS  Cerebro = Vascular acc  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	rminal Bronchi neralized Arte  CONTRIBUTING TO DEATH BUT ident 3 years CRIBE HOW INJURY OCCURRE	riosclerosis  NOT RELATED TO THE TERMIN  ago  D. (Enter nature of injury in Po	ort I ar Porl II	af item 18.)		I I(a)	36 h	AUTOPSY RMED?
MEDICAL	Haur a. m. 19 20d. While at wo	Nat while fa	ACE OF INJURY (Home, farm, clary, street, affice bldg., etc.)	20f. (City or	fown)	(0	ounty)		(State)
27 23 23	21. I certify that I attended the decear alive on June 10 , 19  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) James Donald D  Co. CURIAL, CREMATION, 22b. DATE THEREOF PUNERAL DIRECTORS SIGNATURE	feer d	Catonsvill	M, from the ADDRESS (Street ove State)  Le, Md.	he causes a t. city ar tawn, te Hosp	ital	ne dat	ne stat	ed above
1	ack Lewer Me Z	100 Gutes		N 1 2 '59		Mhun S.			

VS A15 (4) 15M 10/57

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0	may be retained by the hospital ar attending physicion.	E.	page 3 shauld be detached far use as the burial-transit permit. Then please remave corbon papers. Pages 1 and 2 st	the registrar prior to burial, cremation, or remayal, and in any event within 72 haurs after death.
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SPI	pe	JER	co '	g
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TO HOSPITAL OR ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of		TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the		

VS A1S (4) 1SM 9/S8

	MARYLAND 6442	STATE DEPARTM tem 12 FilmG2 CERTIFICA	ENT OF HEALTH 143 6-16-59 e ATE OF DEATH	H_BALTIMOR	<b>E, 18</b> Reg. Di	06425 st. No.	9
	COUNTY Balto.	MARYLAND	2. USUAL RESIDENCE (Who	ere deceased lived. If in b. CO		ce before admiss	ion)
2	CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	ovelle	vrite RURAL and	give nearest town	)
	I. NAME OF HOSPITAL (If not in hospital, give street OR MSTITUTION	oddress)	d. STREET ADDRÉSS	ewbu.	zy do		FARM?
	JAMÉ OF DECEASED Type or print GUSTAV W.	EKLO1	Last	4. DATE OF DEATH	Month 6	7	Yeor 1959
5. 9	Male 6. COLOR OR RACE 7. MAR WIDOW		8. DATE OF BIRTH	9. AGE (In lost burth		Doys Hours	Min.
	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  ATHER'S NAME	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stote	mark		ZEN OF WHAT C	OUNTRY?
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	m. Ele	201	Address		
	18. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ne for (o), (b), and (c)	mary E	mbolis	n	INTERVAL DE	TWEEN/ DEATH
	Conditions, if ony, which (b)	aur	iculor «	Dibrilla.	tion	5	month
	gove rise to immediate couse (a), stating the under-lying couse lost.	qr.	terio-oclera	>14		100	115?
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	nal disease condition	N GIVEN IN PAR	PERFO	AUTOPSY PRMED? NO
	20a. ACCIDENT WAS UNDERLYING   20b. DES OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRISE HOW INJURY OCCURRE	D. (Enter noture of injury in F	Port   or Port    of item	8.)		
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. I Hour o. m. 19 While of wor	Not while for	ACE OF INJURY (Home, form ctory, street, office bldg., etc.	20f. (City or town)	(	County)	(Stote)
	21. I certify that attended the decease		44 19 4	6. / 1		ast saw the d	
	ACTUAL OCOTTAS	and that death	Sol-3	M, fram the cause  ADDRESS (Street, city or	-		abave.

	Conditions, if ony, which ) (b)	GUPI CUIDY	SIBRIIA (On	- mon
	gove rise to immediate couse (a), stating the under-lying couse last.	arterio-och	(PO)	10 yrs
CATION	PART II. OTHER SIGNIFICANT CONDITIONS <u>CONTE</u>	RIBUTING TO DEATH BUT NOT RELATED TO THE	terminal disease condition given in pa	RT 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
L CERTIF	20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED. (Enter noture of inju	ry in Port I or Port II of item 18.)	
MEDICA		Not while foctory, street, office bldg		(County) (State
	21. I certify that I attempted the deceased in	rom 8/16,4919 to	6 / 19 9/, that I I	ast saw the deceased
	alive an 6/ , 19.54		AM, fram the causes and an th	
	ACTUAL SIGNATURE SIGNATURE	Tran 805	Telenic (111 28	Md Gilis
	PHYSICIAN'S RAME (Type) Gegrae E,	URBAIN		
200	o. BURIAL, CREMATION, 22b. DATE THEREOF 22c.	NAME OF CEMETERY OR CREMATORY	22d. LOCATION (City, town, or county)	S (Stote)
23.	FUNERAL DIRECTOR'S SIGNATURE	m. )	REC'D 8Y REGISTRAR 24b. REGISTRAR'S S	

18 16 To 18 The Contract of th Amore & contributed by Alexander 

TO HOSPITAL OR

VS A15 (4) 15M 10/57

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06451

6463

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Baltimo		o. STATE	NCE (Where decease	b. COUNTY	Baltimo	re
b. CITY OR TOWN ( RURAL and give n	If outside corporate limits, write earest town)  Towson	c. LENGTH OF STAY IN 16	per june	OWN (If oulside corpo Towson	orote limits, write R	URAL and give ne	arest town)
OR INSTITUTION	TAL (If not in hospital, give st lpers of the	reet oddress)	d. STREET AD	DRESS 1001 W. Jo	onna Road		e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print)	First	Middle Helena (Enea)	Last	4. DATE OF DEATH	Mon		ay Year
5. SEX Female	6. COLOR OR RACE 7. A	AARRIED NEVER MARRIED NOWED DIVORCED	B. DATE OF BIRTH				19 R IF UNDER 24 HRS Hours Min.
10o. USUAL OCCUPATION during most of wor	king life, even if retired)	106. KIND OF BUSINESS OR IND  Convent	USTRY 11. BIRTHPLA	CE (Stote or foreign of CVallo, Pa.) MAIDEN NAME	lermo,Ita	1y. U.	S.A.
15. WAS DECEASEDEVE (Yes. no. or unknown)	COSIMO Ene R IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 17.	INFORMANT Convent Re		Vassallo Add	ress .	owson
Conditions, if o gove rise to i couse (a), stoting lying couse lost.  PART II. OTI	mmediate the under (c) (c) (c)	NS CONTRIBUTING TO DEATH BL				- 6	19. WAS AUTOPSY PERFORMED?
(IF EITHER, NOTIFY	MEDICAL EXAMINER)  Y Month, Day, Yeor 20	d. INJURY OCCURRED 20e. F	PLACE OF INJURY (He actory, street, office I	ome, form, 20f. (Cit		(County)	(Stote)
21. I certify the alive an	Charle	2 and that deat		ADDRESS (S	m the causes of street, city or town,	and an the da	pate stated above DATE SIGNED 6/2/59
220. BURIAL, CREMATIO REMOVAL (Specify) Burial		Convent Ceme		22d. LOCA	TION (City, town, o	or county)	(Stote)
23. FUNERAL DIRECTOR	10	ADDRESS 4611 Park Heigh	1	AA. REC'D BY REGIS		STRAR'S SIGNATU	

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200	2.355.3	Y		
AND THE RESIDENCE OF THE PROPERTY.		Bend		

VS A15 (4) 1SM 9/SB

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Items 7, xx&12 FilmG243 6/17/59 cap

06430

L	6444 CERTIFICA	ALE OF DEATH		Reg. Dist. No.
1.	1. PLACE OF DEATH a. COUNTY DULLIMAN MARYLAND	2. USUAL RESIDENCE (Where a. STATE)	deceased lived. If institution b. COUNTY	on: Residence before admission)
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give Tieorest town)  d. NAME OF HOSPITAX (If nat in haspital, give street address)  OR INSTITUTION	c. CITY OR TOWN (If outside the control of the cont	de corporote limits, write R	PURAL ond give nearest town)
3.	3. NAME OF DECEASED (Type or print) Louise ETF	LER 4.	OF DEATH	Day Year
S	6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	9. AGE (In years last birthday) yrs.	Months Days Hours Min.
10	Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (State ar f	fareign country)	12.CITIZEN OF WHAT COUNTRY
13	13. FATHER'S NAME William Co Hilleaux	14. MOTHER'S MAIDEN NAM	Kenna	rd
	IS. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	MINIORMANT Still	leary, - El	lefton la
7	PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  422, DUE TO  Conditions, if ony, which gave rise to immediate cause (a), stating the under-lying couse last.  (c)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Arterio - S	Failure Sclentic	. Cardi	
IFICATIO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	25925		VEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?  YES □ NO □
		ACE OF INJURY (Home, farm,		(County) (State
MEDIC		rtory, street, office bldg., etc.)	(19/59	(50011)) (51016
	21. I certify that I attended the deceased from and that death		. / . /	that I last saw the deceased and the date stated above
	PHYSICIAN'S NAME (Type)  W.E. M. Greth	cet v	s Ville	8md 6/11/5
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	r CREMATORY 220	d. LOCATION (City, town,	Md
23	FUNDERAL DIRECTOR'S SIGNATURE ADDRESS WALL	240. REC'D 8		STRAKS SIGNATURE Circles S. Krous

0 842 11 were porte of chiance CongestiVe Meet Feller Profession-Scholate Condition -1275250 10/20 26V TEAL BUTY BEST ENGLISHED WE MECHAN COTONIN 28md Same of the second second second second second second the state of the s

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VS A15 (4) 15M 10/57

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6445 CERTIFICATE OF DEATH

Reg. Dist. No.

06431

1.	1. PLACE OF DEATH o. COUNTY  Baltimore  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE  Maryland b. COUNTY						sion)						
	b. CITY OR TOWN (	If outside corporate limi	its, write	c. LENGTH OF STAY	/ IN 1b	c. CITY OR T	OWN (If o	utside corpor	ote limits, write	RURAL on	nd give ne	arest low	n)
	Catonsvi			2yrllmth1	17dys	Balt	imore		3	VOI	-4		
	d. NAME OF HOSPI	TAL (If not in hospital, g	give street	oddress)		d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?						IDENCE	
	SPRING C	ROVE STAT	E_HC	OSPITAL		2335	Linde	n Aver	nue				NO
3.	NAME OF DECEASED	Fi	rst	Middle	e	Las		4, DATE OF	N	lanth	De	ру	Year
	(Type or print)	Glad	ys			Farner	1	DEATH	Jun	е	1		19 59
5.	SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRI	IED 🗍	. DATE OF BIRTH	1		9. AGE (In year last birthday		ER 1 YEAR	1	
L	female	white	WIDOW	- Auto-		Decembe	r 26,	1885		Months	Doys	Hours	Min.
10	during most of wor house	ON (Give kind of work king life, even if retired wife)	done 10b.	KIND OF BUSINESS (	OR INDUS	TRY 11. BIRTHPL	Cana	or foreign co .da	untry)		anada		COUNTRY?
13	FATHER'S NAME				7.14	14. MOTHER'S	MAIDEN N	AME					
	Unknown					10-24	Unk	nown					
15 (Y		R IN U. S. ARMED FOR		SOCIAL SECURITY NO	D. 17. IN	FORMANT			A	ddress			
L	Unknown		J	Jnknown	R	ecords:	SPRI	NG GI	ROVE S	TATE	HOS	PITAL	
CERTIFICATION		the under DUE TO  the significant con	DITIONS	Generalize	ATH BUT I	NOT RELATED TO	THE TERMIN	NAL DISEASE		GIVEN IN PA	ART 1(a)	PERFC	AUTOPSY IRMED?
	(IF EITHER, NOTIFY	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)											
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	or 20d. I While at wo		20e. PLA foci	CE OF INJURY (I ory, street, affice	tome, form, bldg., etc.	20f. (City	or town)		(County)		(State)
	21. I certify the alive onU  ACTUAL SIGNATURE PHYSICIAN'S	Stella	W.	achelo	5 I death	occurred at.	2:00		1 , 19 the causes seet, city or tow STATE	and on	l last so the do	ite state	deceased ed above. ATE SIGNED -1-59
	NAME (Type)			ler, M. D.		Cat	onsvi	lle 28	B, Mary	land			
	FINERAL O'RECTOR	6/3	1/50	ADDRESS ADDRESS	SIB	CREMATORY Liga		BY REGISTR	ION (City, lawr CAR 24b., REC	GISTRAR'S	red		er C

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Association of the control of the co	

VS A1S (4)

1SM 10/57

e. IS RESIDENCE

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO IN

> > (Stote)

DATE SIGNED

(Stote)

12. CITIZEN OF WHAT COUNTRY?

ON A FARM?

YES NO TO

Yeor

19 50

Min.

06432

Rea. Dist. No.

Doys

(County)

240. REC'D BY REGISTRAR DATEJUN 2 4

24b. REGISTRAR'S SIGNATURE Election & Traces

that the

1 3 . . . . th. Page 4

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6448 **CERTIFICATE OF DEATH**

116434

Reg. Dist. No.

arthur S. Kraus

1, PLACE OF DEA o. COUNTY	Baltimore MARYLAND			Where deceased lived. If institution b. COUNTY 1 and		before admission	on)
b. CITY OR TO	DWN (If outside corporate limits, write or nearest town)	c. LENGTH OF STAY IN 16		f outside corporate limits, writ timore	e RURAL and give	e nearest town)	
d. NAME OF I	HOSPITAL (If not in hospital, give stree 4303 W11kens A	t oddress) Venue	d. STREET ADDRESS	3 Wilkens A	venue	e. IS RESII ON A YES	
3. NAME OF DECEASED (Type or print)	William :	Middle Henry Fosbri	nk,Sr.	4. DATE OF DEATH June	Month 5,	/	959
5. SEX male		RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Oct. 4, 1	9. AGE (In yellost birthdo 75		YEAR IF UNDER	R 24 HRS. Min.
Ret. P	UPATION (Give kind of work done 10) of working life, even if retired) oliceman	o. KIND OF BUSINESS OR IND		ore County		S. A.	COUNTRY
13. FATHER'S NA			14. MOTHER'S MAIDEN				
	am Fosbrink			Dimling			
[Yes, no, or unknown]			INFORMANT		Address		
no			dna L. Fos	brink 4303	Wilkens	Aven	ue
	DF DEATH [Enter only one couse per I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (a), (b), ond (c).]  **Malnutriti **Comparison**  **Malnutriti**	on			ONSET AND	
177	DUE TO						
	s, if ony, which ) (b)						
	to immediate DUE TO						
lying couse	c) C(	ircinoma of	Prostate gl	land		3 46	ars
PART  OR CONTRIB  OR FITHER, N	II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER	MINAL DISEASE CONDITION	GIVEN IN PART 1	(a) 19. WAS A PERFOR YES	RMED?
	NT WAS UNDERLYING (1) 20b. DE UTING (1) CAUSE OF DEATH (1) CTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury i	n Port I or Port II of item 18.)			
Hour	o. m. Whil		LACE OF INJURY (Home, fo actory, street, office bldg., e	erm, 20f. (City or town)	(Cou	unty)	(State)
	fy that I attended the decea		L , 1959, ta sh accurred of 8 M.D. 5836 Ba	Am, fram the cause ADDRESS (Street, city or to	s and an the wn, state)	date state	
	Irwin H. Moss,			e 28, Marya			
220. BURIAL, CRE REMOVAL (S Burial	MATION, pecify) 22b. DATE THEREOF 6/8/59	22c. NAME OF CEMETERY C		22d. LOCATION (City, tow		(Stote)	,
	ECTOR'S SIGNATURE	ADDRESS	24a. RE	C'D BY REGISTRAR 24b. RI	EGISTRAR'S SIGN	ATURE	100
Howard	H. Hubbard 41	07 Wilkens A	venue DATE	JUN 8 '59	arthur & 1	Track	

DATE JUN 8

NDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of the registrar prior ta burial, crematian, or remaval, and in any event within 72 hours after may be retained the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 shauld be detached for use as the burial-transit permit.

Then please remove carbon papers.

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VS A15 (4) 1SM 10/S7

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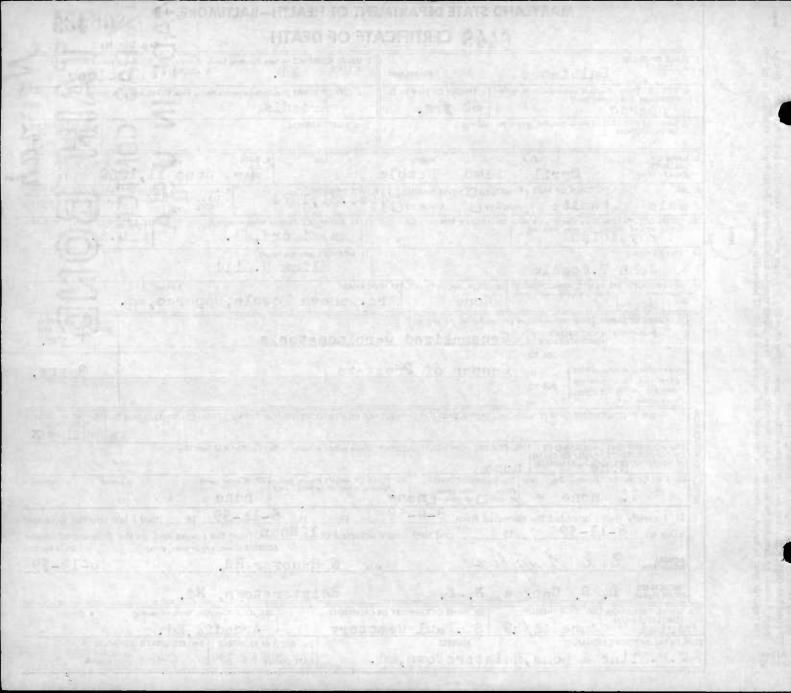
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	Baltimore		enos	as luir
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	Parbara Dimling		n Fosbrink	William
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ee, Maryland		Western 4107 Wilkens	TANHES PR	

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06435

	U:	220			Reg. Dist. No.	
1. PLACE OF DEATH o. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Md		Baltimore	
b. CITY OR TOWN ( RURAL ond give of Upperco		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporate limits, write RI	JRAL and give nearest town)	
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give street	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO	
3. NAME OF DECEASED (Type or print)	First Cyril E	Amo Fowble	Lost	4. DATE Mon	th Day Yeor 11,1959 19	
5. SEX Male	White widow		Oct.31,1874	O 1 yrs.	Months Doys Hours Min.	
during most of wor	ON (Give kind of work done 10b. king life, even if retired) LC18N	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote Baltimor		12. CITIZEN OF WHAT COUNT	
13. FATHER'S NAME John	T.Fowble		14. MOTHER'S MAIDEN NELIZA	N.G111		
15. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FORCES? 16. (If yes, give wor or dates of service)		rs.Geneva Fo	owble, Upperc		
	ATH [Enter only one couse per li ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) DUE TO	ine for (o), (b), and (c).] eneralized C	arcinomatos	is	INTERVAL BETWEEN ONSET AND DEATH	
Conditions, if c gove rise to i couse (o), stoting lying couse lost.	ony, which (b) Cs	ancer of Pro	state		3 yrs	
PART II. OT	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPS' PERFORMED? YES NO	
200. ACCIDENT W. OR CONTRIBUTING	AS UNDERLYING   20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in f	Port I or Port II of item 18.)		
Y 20c. TIME OF INJUI Hour o. m. p. m.	NONE 19 20d. I	Not while fa	ACE OF INJURY (Home, farm ctory, street, office bldg., etc.	none	(County) (Stot	
	nat I attended the decease—11—59 , 19		accurred at 12NO	M, fram the causes a	,that I last saw the decea nd an the date stated abo	
ACTUAL SIGNATURE	ACTUAL 7. 1. Garling/					
PHYSICIAN'S NAME (Type)	D. D. Caples,	M. D.	Reister	estown, Md.		
Burial Specify	June 13/59	St. Paul Cer		22d. LOCATION (City, town, of Arcadia, Md	10.000	
23. FUNERAL DIRECTOR		ADDRESS		D BY REGISTRAR 24b. REGIS		
J.F.Eli	ie & Sons Rei	sterstown Mo	DATE AL	IIN 1 6 '59 C	Thur & Kings	

TO HOSPITAL OR VS A15 (4) 1SM 10/57



116436

	0300				Reg. Dis	st. No.
a. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (W		If institution: Resident COUNTY C11	ce befare admission)
RURAL and give r	(If autside carporate limits, write nearest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside carporate limi	6	give nearest town)
	ITAL (If not in hospital, give street		d. STREET ADDRESS	: D 3		e. IS RESIDENCE ON A FARM?
	Forest Haven N		5008 Bela			YES NO
3. NAME OF DECEASED (Type ar print)	First EMM	A FRENCH	Last	4. DATE OF DEATH	June 2	Day Year 19 59
s. sex Female	6. COLOR OR RACE 7. MAR WIDOW	RIED NEVER MARRIED XX	B. DATE OF BIRTH  June 3, 1874	last	birthday) Manths	Days Hours Min.
loa. USUAL OCCUPATI during mast af wa	ION (Give kind af wark dane 10b. rking life, even if retired)	KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (State Maryland	or foreign country)		ZEN OF WHAT COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
	William French		Mary ?			
1S. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FORCES? 16. (If yes, give war or dates of service)		. John Morawe	2826 Bane	Address	Balto, Md.
CATIC	immediate DUE TO	CON EM /	umy ED	INAL DISEASE COND	OITION GIVEN IN PAR	11(a) 19. WAS AUTOPS' PERFORMED? YES NO
OR CONTRIBUTING	AS UNDERLYING 1 20b. DES G 1 CAUSE OF DEATH Y MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter nature af injury in	Part I ar Part II af it	em 18.)	
Y 20c. TIME OF INJU Haur a. m. p. m.		Nat while fe	LACE OF INJURY (Hame, farm actory, street, affice bldg., etc	n, 20f. (City ar tawn	n) (C	County) (State
21. I certify to alive an actual signature Physician's NAME (Type)	hat I attended the decear	59, and that deat	M.D. 5 2.0		ouses and an the	st saw the decease date stated above DATE SIGNE
22a. BURIAL, CREMATIC REMOVAL (Specify Burial	ON. 226. DATE THEREOF	22c. NAME OF CEMETERY OF LOUGON Park			ity, tawn, ar caunty)	(Stote)
23 FUNERAL DIRECTOR		ADDRESS		D BY REGISTRAR	24b. REGISTRAR'S SIG	

oth. Page 4

the attending physician and completely filled in by the funeral directar. Then please remove carbon popers. Pages 1 and 2 should be filed with ofter death. TO HOSPITAL OR NOTING PHYSICIAN: The law requires that the death certificate be exmoy be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and page 3 should be detached far use as the buriol-transit permit. Then please remove carbon the registrar priar to burial, cremation, or remavol, and in any event within 72 hours after detached.

NDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs af-

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6452 CERTIFICATE OF DEATH

06438

Reg. Dist. No

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oth. Page 4

may be retained the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Tuneral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon-papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death.

NDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after TO HOSPITAL OR

VS A15 (4) 15M 10/57

	Meg. Dist. No.
1. PLACE OF DEATH a. COUNTY Baltimore MARYLANE	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Nid. b. COUNTY Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Cwings Mills  21 yrs	- I will the service composite titing, with total old give fieldest found
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Featherbed Lane	d. STREET ADDRESS Featherbed Lane  e. IS RESIDENCE ON A FARM? YES \( \sum \) NO P
3. NAME OF DECEASED (Type or print) Rufus Wilson Frit	
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	June 13, 1874   lost birthdoy) Months Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INI during most of working life, even if retired)  Janitor at Cotton Will	DUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTI
13. FATHER'S NAME Simon P.Fritz	Martha S.Dull
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (Yes, no. or unknown) (If yes, give wor or dates of service) 215-22-5974	Dewey S.Fritz, Owings Mills, Md.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  / 7 0 × DUE TO  Conditions, if any, which gove rise to immediate couse (o), stoting the under-lying couse lost.  DUE TO  DUE TO  Call  Couse (o), stoting the under-lying couse lost.	cer of Breast 3415.
CATI	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO REPORT NO REPORT NO PART 1 NO PAR
3 20c. TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e.	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) (County) (Stote
21. I certify that I attended the deceased from 5897 and that deal actual signature and actual signature and actual signature and actual signature and actual signature.	nth accurred at 3.74 M, from the causes and an the date stated abore ADDRESS (Street, city or town, state)  M.D. 1331 Reisfers Timped, 244
PAME (Type) 220. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY	(31016)
Burial July 3/59 Druid Ridg 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS APPROPRIES ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
J.F. Eline & Sons, Reisterstown, M	DATE JUL 1 158 arthur st. Kings

ad the A. House to ALL CONSTRUCTION OF THE PROPERTY AND and the same of th

VS A15 (4) 15M 10/57

G. KELSON FUNERAL

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6453 CERTIFICATE OF DEATH

116439

eg. Dist. No.

						****
1. PLACE OF DEATH o. COUNTY	Baltimore	MARYLAND	O. STATE	there deceased lived. If institute b. COUNT		before admission)
b. CITY OR TOWN	(If outside corporate limits, write	c. LENGTH OF STAY IN 16		outside corporate limits, write	RURAL and giv	e negrest town)
RURAL ond give						e nearest town,
	PITAL (If not in hospital, give stree	1 2 days	d. STREET ADDRESS	3 10	1-4.	e. IS RESIDENCE
OK INSTITUTION						ON A FARM?
	Administration		2512 Arun	ah Avenue		YES NO
3. NAME OF SER! (Type or print)	VED AS: First JAI JAMES	MES H. Middle GA	GALLOWAY	4. DATE MOFEATH JUI	onth	Day Yeor 27 1959
5. SEX	6. COLOR OR RACE 7. MAR		B. DATE OF BIRTH	9. AGE (In year	IF UNDER TY	YEAR IF UNDER 24 HRS.
Male	Negro WIDOW		C 1 700	lost birthdoy)	Months Do	oys Hours Min.
	ION (Give kind of work done 10b		Sept. 4, 189	or foreign country)		EN OF WHAT COUNTR
during most of wo	orking life, even if refired)				12. CITIZE	EN OF WHAT COUNTR
Laborer	T	extile Factory	Baltimore 14. MOTHER'S MAIDEN	Maryland	U	5.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME		
James	Galloway		Martina	Wade		
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17.	INFORMANT		dress	
Yes		1 1 1	linical Rec.,	VA Hospital,	Ft. Hor	ward, Md.
	EATH [Enter only one couse per l					INTERVAL BETWEEN
PART I. DE	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ARTERIOSCLE	ROTIC HEART D	ISEASE		UNKNOWN
1420.0	DUE TO					
Conditions, if	ony which )					
gove rise to	immediate (					
lying couse lost	g the under-				ALC: N	
	/ (0)					
PART II. O	THER SIGNIFICANT CONDITIONS				IVEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED?
3 002		ONARY TUBERCUI	OSIS, NOT CON	PITRIMED		YES NO IX
PART II. OT	/AS UNDERLYING ☐ 20b. DES G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	Port I or Port II of item 1B.)		
20c. TIME OF INJU	IRY Month, Day, Year 20d.	INJURY OCCURRED   20e. F	PLACE OF INJURY (Home, for	n. i 20f. (City or town)	(Cou	unity) (Stote)
Hour o, m.	While	Not while	octory, street, office bldg., etc	c.)	(200	(3.0.0)
	loi wo	ork of work				
21. I certify t	hat Attended the decea	sed from June 25	, 19. <u>59</u> , to	June 27 , 19	59260000	DENVINO POSESS
zoczonoczy i o c	200000000000000000000000000000000000000	exxx, and that deat	h accurred at 4:45	P.M. from the causes	and on the	date stated above
	1.0	1		ADDRESS (Street, city or town		DATE SIGNE
ACTUAL SIGNATURE	Marca XXI	of tie	us WA Hound	tol TH Hann	- a Wa	
310NATORE	1 moses ove	array i	_m.bva_nospi	tal, Ft. Howai	ـ مقاله ـ وقال	
PHYSICIAN'S NAME (Type)	Moses Lichtig,	M.D.	VA Hospi	tal Ft Howa	rd Md	6/28/59
220. BURIAL, CREMATIC	ON, 226. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, fown,	or county)	(Stote)
REMOVAL (Specify	7-1-59					(arore)
23. WINERAL DIRECTOR	D'S MCNATHER ()		tional Cemete		e, Md.	
23. DISERAL DIRECTO	19 11/2 VACTO	ADDRESS			GISTRAR'S SIGN	ATURE
1 though	11. west		DATE	M 3 0 '59 a	When & It	Tous

HOME, 1348 N. CALHOUN ST, BALTO., MD.

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Formall, 111, page 1			
H. Sep. 10. 6/20/3			A doll a grant to the
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Brown button of			

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ET SPORTSTAN

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06441

Reg. Dist. No.

Ī	PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY			
-	b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn)			
	RURAL and give nearest town)  A TONS VILLE  3 MOS				
ı	d. NAME OF HOSPITAL (If not in hospital, give street address)  OR INSTITUTION	d. STREET ADDRESS . IS RESIDENCE			
	Coton Ridge Nuvin Hone	35 Jellerson Place YES NO 1			
3	N. NAME OF First Middle (Type or print)	Acuss DATE Month Day Year OF DEATH Sune 30 10 59			
-	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.			
	MIDOWED DIVORCED	Neu 26, 1885   last birthday   Months Days Haurs Min.			
1	0o. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUduring mast of working life, even if retired)	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?			
	Real Estate	Lowa U.S.A.			
1	3. FATHER'S NAME	14 MOTHER'S MAIDEN NAME			
-	Crnes Jauss	ALVARETTA GREEN			
1	5. WAS DECEASED EVER IN U. S. ARMED FORCES?  (If yes, give wor or dotes of service)  (If yes, give wor or dotes of service)	US Reginald B. Chembers 32. (2)			
1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  R	ber Preumona ONSET AND DEATH			
	784 // DUE TO				
	Conditions, if ony, which) (b) Clarone	og It show 4 DAYS			
	gave rise to immediate cause (a), stating the under DUE TO	3/ 7			
	lying cause last. (c) Cardisi	failur			
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?			
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	V YES NO X			
	OR CONTRIBUTING   CAUSE OF DEATH    OR CONTRIBUTING   CAUSE OF DEATH   OF CONTRIBUTING   CAUSE OF DEATH   OF CONTRIBUTING   CAUSE OF DEATH	D. (Enter nature of injury in Part I or Part II of item 18.)			
	Haur a. m. While Not while	ACE OF INJURY (Hame, farm, 20f. (City or tawn) (Caunty) (State) clary, street, affice bldg., etc.)			
		2000			
-	21. I certify that I attended the deceased from.	1957, to 30, 1937, that I last saw the deceased			
1	alive on 1957, and that death	occurred at			
	ACTUAL SIGNATURE Off Salety & M.D. 4605 8d troops are 1/1/8				
	PHYSICIAN'S CLIFE RATLIFF, SR	BALTIMORE 29 md			
100	20-BURIAL, CREMATION, 126. DATE THEREOF 22c. MAME OF CEMETERY COMMOVAL (Specify) Fully 3-59 Cedicul				
2	3. FUNERAL DIRECTOR'S GNATURE ADDRESS	240. REC'D BY REGISTRAR 246. PEGISTRAR'S SIGNATURE			
1	JOHN M. TAYLOR SON ANNAPOLIS	MO DATE HUL 6 '59 Cirima & thouse			

uneral directar, may be retained the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the Tune page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld the registrar prior to burial, crematian, ar remaval, and in any event within 22 thours after death.

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of

eath. Page 4

5

VS A15 (4) 15M 9/55

TO HOSPITAL OR

	TE OF DEATH	THE CERTIFICA	8.
		Disease Care	
New York			
			THE PERSON NAMED IN COLUMN TO SERVICE OF THE PERSON NAMED IN COLUMN TO SERVICE
Control of the Contro			anti-Bentralius Fried Allers C. T.  2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2
			LO DELLO CONTROL
		ALCOHOLD INTO	
THE PERSON OF THE PERSON	To the last of the		THE RESERVE SALES

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8455 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06442

- Items 3a, 2a, 2c & 2d,	F1 18 G=245 //1//59.cac. Reg. Dist. 140.
1. PLACE OF DEATH 6. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE SOLIT CARD. LINE COUNTY BOLLINGTO
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest fown)  TOWSON 4  c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Townson Georgetown
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 305 Meeting Street ON A FARM?  YYOU CONCAPATE DESARE  * IS RESIDENCE ON A FARM?  YES \( \subseteq NO \( \subseteq \)
3. NAME OF First Middle DECEASED (Type or print) RUTH ROSE GRATTY	Lasi 4. DATE Month Day Year
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH  9. AGE (In years IFUNDER 1YEAR IF UNDER 24 HRS.  Manch 4 1892  Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUS	
13. FATHER'S NAME  J. L. Grady	14. MOTHER'S MAIDEN NAME Unknown
(Ves on or unknown) I (If was give was as dates of sension)	NFORMANT Address rs.Jane Asserson, 2929 N. Calvert Street
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  Conditions, if ony, which gove rise to immediate couse (c), stoling the underlying couse lost.  Coronary Artery  Arterioscleroti  (b)  DUE TO  (c)	ic Cardiovascular Disease.
20a, EXTERNAL CAUSE WAS 20b, DESCRIRE HOW INJURY OCCURRED //	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO   Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)
21. I certify that I took charge of the remains described about	icide, Homicide, Undetermined cause
EXAMINER'S Charles S. Petty, M.D.	ASSISTANT MEDICAL EXAMINER   DEPUTY MEDICAL EXAMINER
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 6-26-59 Prince George 22c. NAME OF CEMETERY OR REMOVAL 4.25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Church Yard Cemetery, Georgetown, S.C.  24a, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE
Wm. Cook-Towson. Inc. 1050 York Road.	2001 0 0 150

ar removal.

	CASS MIDICAL EXAMINER'S CERTIFICATE OF DEATH	
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	r Thursday Charles and French Hall Successful to the Society Company of the Compa	
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	oper Towns, Inc., (1982 Task Town, To and I word) ? The Carlo	4

VS A15 (4) 15M 9/55

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6455

**CERTIFICATE OF DEATH** 

06443

040	Keg, Dist, No.
1. PLACE OF DEATH O. COUNTY AT 1 1 2000 X 0 MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY
Pa/////////	Md. Dallimore
b. CITY OR TOWN (If outside corporate jimits, write c. LENGTH OF STAY IN 1b	CCITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Kural-Parklon /2xxs.	Dural - Park Ton
d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS
OR INSTITUTION YOUR REPORTED TO	Old York Rd. VES IN NO BY
(V/a /01/k/\d.	
13. NAME OF DECEASED (Type or print) Beulah Dorothy	Gibbs: 4. DATE Month Doy Yeor OF DEATH UNP 24. 1959.
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH, 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS.
WIDOWED DIVORCED	Auoust 14, 1902 & Gyrs. Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND pluring most of working life, even if retired)	USTRY OF BIRTHPLACE (Stote or Joyetign country)
Operator. Lec. ferming	als While Hall Md. 11. A.
13. MATHER'S NAME	14. MOTHER'S MAIDEN NAME
1. (ah. /+ M/7/600/	Marrowst
DAIN // WAIDECK,	Midlogiel O) imms
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17.  (Yes, no 30 Johnsown) (It yes, give war or dates of service)	INFORMANT Address Address
10 - 218-17366	Harry C. Sterry Torklon Make
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	MELLITUS - ONSET AND DEATH
IMMEDIATE CAUSE (o) 14 DETES	MELLIOS + 242
XGO X DUE TO	
Conditions, if ony, which (b)	
gove rise to immediate couse (o), stoting the under DUE TO	
lying couse lost.	
	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
LOS WIA A SUSSE A SE	PERFORMED?
3 OICEMIA - AICHEICIO-SC	LEROTIC CARDIA VASCULAR DARSO NOO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BY  UREMIA - ARTERIO - SC  200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURI OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. Hour o. m. While Not while of work of work	PLACE OF INJURY (Home, form,   20f. (City or town) (County) (Stole)
Hour o. m. While Not while	factory, street, office bldg., etc.)
21. I certify that ( attended the deceased fram 6-1	, 1957, to 6-25, 1957, that I last saw the deceased
alive an 6-24, 1959, and that dea	th accurred at 8,002M, from the causes and on the date stated above.
	ADDRESS (Street, city or town, state) DATE SIGNED
ACTUAL O >/0, 0, of Mareller	us York Rd. Thereford (PARKTON P. a.) had
SIGNATURE C. TRUCKER THERE	M.D. JOSE TO THE TOUR TOUR TOUR TOUR
PHYSICIAN'S O. HERBERT MUFLLER	Part t Mod an June 23, 193
NAME (Typo) C. MEKBEKT TUELLER	Jr. / Arrion, //10, R.D.
220. BURIAL, CREMATION, 225 DATE THEREOF 225 NAME OF CEMETERY	OF CREMATIONY / 274 LOCATION (City, Jown, or county) (Stote)
Burial June 27/959 Towarts	Town (emeTer Stewarts Town, Ta,
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Var Vantante Mour Ivanda (	Pal
State Language In Income	DATE JUN 3 0 '59 arthur & Kroug

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6457

**CERTIFICATE OF DEATH** 

06444

Reg. Dist. No.

1	o. COUNTY TO	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence	e before admission)
/[	BALTINOKE MARYLAND	O. STATE MARILLAND B. COUNTY BA	+Lto
	b. CITY OR TOWN (If autside carporate limits, write   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If putside corporate limits, write RURAL and gi	ve nearest tawn)
	A Local Grant State of the Stat	X Pilesoill 3	
	d. NAME OF HOSPITAL (If nat in haspital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
	OR INSTITUTION OID ALLA DA	1 910 Adams Rd	ON A FARM?
1	NAME OF First Middle	TIGHT 191	YES NO
1	DECEASED	Last 4. DATE Month OF	Doy Year
-	(Type or print) Christine LANGEUIN	GILLETTE DEATH 6-20-	1959
15	6. COLOR OR RACE 7. MARRIED NEVER MARRIED		YEAR IF UNDER 24 HRS.
	TEMALE WILDOWED DIVORCED DIVORCED	11-9-1881 77 yrs.	Days Hours Min.
į,	0a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during may of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZ	EN OF WHAT COUNTRY
	HOUSEWIE HOME		MICA
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	4.3/
4	NEIL & Standard Potens	Manager of the terror	ANDREA
1	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	NORMANT Address	BECK
	Yes, no, or unknown) (If yes, give war or dates of service)	NFORMANT Address	21211
-	NO NO 1069-10-4808 A	dering LANGEUINI /VEY-	112 AGKNA
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) GORONARY OCCLUST	TON	1 hour
	420.1 DUE TO		1 Hour
	Conditions, if any, which ) ARTERIOSCIEROTIC	CARDIOVASCULAR DISEASE	10 years
	gave rise to immediate DUE TO		
	lying cours last		
13		NOT RELATED TO THE TERMINAL DISEASE CONDITION CHARM IN BARY	I WAS AUTORS
	and the state of t	TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
1	200 ACCIDENT WAS UNIDERLYING ET 201 DESCRIPE HOW ANNUAL OCCUPANT		YES NO
ACIET COLEGE	200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING   CAUSE OF DEATH	D. (Enter nature of injury in Part I or Part II of item 18.)	
		***************************************	
1401034	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form, 20f. (City or town) (Co	ounty) (State)
24.4	While of work of work	CHARLES AND	**
	21. I certify that I attended the deceased fram. 1 October	r , 1958 , to Present , 19that I lo	-
	70 31 10		ist sow the deceosed
	dive on the death	accurred at	
	ACTUAL ////LUNCO // // // //		DATE SIGNED
	SIGNATURE / //// A	AD. 5101 Gwynn Oak Avenue, 20J	une 1959
	PHYSICIAN'S Millard T. Traband, Jr.	Poltimone 7 Marriand	
		Baltimore, 7, Maryland	
72	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or county)	/ (State) (
L	DUFIAL 6-23-54 PARKUIEW	SchENECTUAL 1	Ful York
2	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGN	NATURE
1-	Trank H. neusell & Tilouis Oh 8.	mole patellin 2 3 '59 Partie 6 4	

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**ADDRESS** 

802 Madison Avenue

06445

Day

Dovs

U.S.A.

(County)

24b. REGISTRAR'S SIGNATURE

arthur S. Krows

240 REC'D BY REGISTRAR

DATE JUL 1

e. IS RESIDENCE

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES I NO I

> > (Stole)

(Stote)

ON A FARM?

YES NO

Yeor

159

certificate

VS A15 (4) 15M 10/57

23. FUNERAL DIRECTOR'S SIGNATURE

Charles R. Law

The state of the same Hally 12 the mil TOP OUR STREET Scotti M. Strilles .. - 3.091 M. Maton Late on and stone but State wal . Talifast

VS A15 (4) 15M 10/57 014

## 6458 - CERTIFICATE OF DEATH

Reg. Dist. No.

			·····			
o. COUNTY Balt	imore	MARYLAND	2. USUAL RESIDENCE (WI	here deceased lived. If institution b. COUNTY		ore admission)
b. CITY OR TOWN (If outs RURAL ond give nearest Caton svill	town)	c. LENGTH OF STAY IN 16 1 year and 17 days	c. CITY OR TOWN (IF of Baltimore	outside corporate limits, write R	URAL ond give ne	carest town)
d. NAME OF HOSPITAL (HOSPITAL (HOSPITAL CHOOSE) OR INSTITUTION SPRING CROV	not in hospital, give s	HOSPITAL	d. STREET ADDRESS  2211 West	Rogers Avenue		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Isabel	Middle	Godman	4. DATE Mor OF DEATH June	16 Do	Year 19 59
		MARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH Sept. 28, 18	9. AGE (In years last birthday) 9. Yrs.	Months Days	R IF UNDER 24 HRS. Hours Min.
unknown	ive kind of work done ife, even if retired}	10b. KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (Stole Mary 1		12. CITIZEN C	A.
13. FATHER'S NAME D.  John God	lman		14. MOTHER'S MAIDEN I			
15. WAS DECEASEDEVER IN 1   Yes, no. or unknown   (If yes, unknown)	U. S. ARMED FORCES? give war ar dates of service		INFORMANT Records: SPRI	NG GROVE STA		TAL
Conditions, if ony, y gove rise to immercouse (o), stoting the ulying couse lost.  Part II. OTHER SI  200. ACCIDENT WAS UN OR CONTRIBUTING OUT (IF EITHER, NOTIEY MEDI	di ote   DUE TO   (c)	Generalized arte		inal disease condition giv	/EN IN PART 1(o)	IP. WAS AUTOPSY PERFORMED? YES NO 🗺
20g. ACCIDENT WAS UN OR CONTRIBUTING C (IF EITHER, NOTIFY MED 20c. TIME OF INJURY M Hour o. m., p. m.	AUSE OF DEATH CAL EXAMINER)	. DESCRIBE HOW INJURY OCCURR  20d. INJURY OCCURRED  While Not while  work of work	ED. (Enter noture of injury in LACE OF INJURY (Home, form octory, street, office bldg., etc	n, (20f. (City or town)	(County)	(Stote)
actual SIGNATURE	e 16	chsler	h occurred at 11:30	AM, from the causes of ADDRESS (Street, city or town, GROVE STATE	and an the do stote) HOSPITAL	pate stated above.  DATE SIGNED
220. BURIAL, CREMATION, 2 REMOVAL (Specify)	2b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	11e 28, Maryla 22d. LOCATION (City, town,		(Stote)
Burial 23. FUNERAL DIRECTOR'S STG	1/18/59 WATURE MANUEL	Loudon Parl Y Appress	7		STRAR'S SIGNATU	RE
			mid:			

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6459 **CERTIFICATE OF DEATH** 

06447

	Reg. Dist. 140.
1. PLACE OF DEATH 6. COUNTY DO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)     o. STATE     b_COUNTY
Darrimor.e	Maryland Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Catonsville 8 mos	X Highland Town
d. NAME OF HOSPITAL (If not in hospital, give street address)	id. STREET ADDRESS . Is RESIDENCE
Ridgeway Manor	7418 Poplar Ave. p28.
3. NAME OF First Middle DECEASED	Lost 4. DATE Month Day Yeor
(Type or print) Daniel Thomas	Green DEATH June 17 19 59
6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years   If UNDER 1 YEAR IF UNDER 24 HRS.    1
M WIDOWED DIVORCED	March 1, 1878   80 yrs.   Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI	
during most of working life, even if retired)  Machinist  Bethlehem St	M+ Alta Pa
Machinist Bethlehem St.	901 Mt. Alto. Pa. USA
	MARY
John Thomas Green	March Schaefer
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (It yes, give war or dates of service)	INFORMANT Address
213-07-5979	Mrs. Alma Denny, 7418 Poplar Ave24
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	ONSET AND DEATH
450,1 DUE TO	of face to the same of the same
	5150
Conditions, if ony, which gove rise to immediate (b)	of llane
cause (a), stoting the under-	
lying couse lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
3 Drabetes Offer	VES NO
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Port I or Port II of item 18.)
	LACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (State)
Hour a.m. While Not while	octory, street, office bldg., etc.)
p. m. 19 of work at wark	<u>j</u>
21. I certify that I attended the deceased from 1	19.59, to Seem 19.5 That I last saw the deceased
alive on 1 Acros 6 1957 and that deat	h occurred at 12:130P.M. from the causes and on the date stated above
all 110 Mark	ADDRESS (Street, city'or town, stote) DATE SIGNED
ACTUAL ////////////////////////////////////	6014 Stone of a 16-16
SIGNATURE Y CLUSTON THE SIGNATURE	M.D. College C
PHYSICIAN'S NAME (Type) J. Nelson McKay, M.D.	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY ( REMOVAL (Specify)	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
Buriel 6/20/59 Oek Tewn	Baltimore, Md.
23 EUNERAY DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Brooks Bradley Dundalk,	Md. DATE JUN 2 2 '59 Corthur & H.

may be retained. The haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be fritted with the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours ofter death. M

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours at

eath. Page 4

VS A15 (4) 15M 9/55

TO HOSPITAL OR

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20 10 10	be retained it e haspital or attending ph	UED AT DIDECTOD. Alter this contificate has

1 263	6460 CERTIFICATE OF DEATH  Reg. Dist. No.	
	1. PLACE OF DEATH o. COUNTY  Baltimore  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Baltimore	
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL, and give nearest lawn) Catonsville  c. LENGTH OF STAY IN 1b Syrllmthldy STOWSON, Maryland	
4	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION SPRING GROVE STATE HOSPITAL  4. STREET ADDRESS ON A FARM YES NO	47
	3. NAME OF DECEASED (Type or print)  Ruth Hoffman Hale A. DATE OF DEATH JUNE 75 195	79
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 F	
	female white widowed Divorced Aug. 5. 1905   lost birthdoy) Months Days Hours Mi	n.
	10o. USUAL OCCUPATION (Give kind af work done during most af working life, even if retired)  NOUSEWILE  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar fareign country)  Naryland  12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (State ar fareign country)  U. S. A.	NTR
4 /	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
A)	William Hoffman Anna Peregoy	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address INFORMANT NO. 17. INFORMANT Records: SPRING GROVE STATE HOSPITAL	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)  CONDITION  CAUSE OF DEATH  INTERVAL BETWEE ONSET AND DEAT  ONSET AND DEAT	ZH
	4120 / DUE TO	
	Conditions, if ony, which ) (b)	
	gave rise to immediate Cause (a), stating the under-	
	lying cause last. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTO	PSY
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOID PERFORMED YES NO	
	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II af item 18.) OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Haur a. m.  P. m.  19  20d. INJURY OCCURRED While Not white at work at work at work at work at work at work.	tate
	21. I certify that I attended the deceased from May 11 , 19.5%, to June 25 , 1958, that I last saw the dece	*05
	alive on June 25, 1957, and that death occurred at 13.5 PM, fram the causes and an the date stated at	na
	ADDRESS (Street, city or lown, state) DATE SI	GN
1	SIGNATURE Sully Wachsler M.D. SPRING GROVE STATE HOSPITAL 6-25-	55
	PHYSICIAN'S Stella Wachsler, M. D. Catonsville 28, Maryland	
1	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)	
de	Burial 6-29-59 Prospect Hill Towson 4, Md.	
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE	- 1
Q	Brooks Funeral Service, Towson 4, Md. DATEJUN 29'59 Onthun & Kinus	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

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VS A15 (4) 15M 9/55

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6462 CERTIFICATE OF DEATH

06450 Por Dist No

								waß. Dist	. 140.
1. PLACE OF DEATH a. COUNTY	BALTIMORE:		MARYL	AND 2.	USUAL RESIDENCE (	Where deceased live	ed. If institution become BALTI		before admission)
RURAL and give	(If outside carporate limi nearest town) NSVIII.E	ls, write	c. LENGTH OF STAY I	N 16 5	CATONS				ve nearest town)
d. NAME OF HOSI OR INSTITUTION	PITAL (If not in hospitol, g		oddress)	/	d. STREET ADDRESS 1009 ALE	XANDER AV			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Fic EMMA		Middle	H	Lost LRRIS	4. DATE OF DEATH	Mon	70	Day Year 14 19 59
5. SEX FEMALE	NEGRO	WIDOWE	_	0 6	23-1899		GE (In years ost birthdoy) 50 yrs.		YEAR IF UNDER 24 HRS. Days Hours Min.
HOUSEWI	TION (Give kind of work of orking life, even if retired)		KIND OF BUSINESS OR	INDUSTRY		OUNTY, MD.			S.A.
13. FATHER'S NAME	Doored			14	MOTHER'S MAIDEN			17.50	
JOHN BI	VER IN U. S. ARMED FOR	esco la	COSIAL COSIANTY AND	117 11/10/1	CLARA JA	CKSON			
(Yes. no. or unknown)	(If yes, give war or dates of se	rvice)	SOCIAL SECURITY NO.	MRS.	METTIE: HA	RRIS PACE	Addr		AV
Conditions, if gave rise to couse (o), stating lying cause last	immediate g the under-	AN	CARDIO VASC	AORTA					INTERVAL BETWEEN ONSET AND DEATH ?
ICATI	THER SIGNIFICANT CON							EN IN PART I	1(o) 19. WAS AUTOPSY PERFORMED? YES NO 1
	VAS UNDERLYING  IG CAUSE OF DEATH Y MEDICAL EXAMINER)	206. DESC	RIBE HOW INJURY OC	CURRED. (En	ter nature af injury i	n Part I ar Port II a	f item 18.)		
20c. TIME OF INJU Hour a. 51. p. m.	10	While of work	Not while	PLACE ( foctory,	OF INJURY (Home, fa street, office bldg., e	orm, 20f. (City or to	own)	(Co	unty) (Stote)
actual SIGNATURE	that I attended the	12.5		death acc	403 MEDIO	15RM from the ADDRESS (Street,	e causes a city or town, to	nd an the	st saw the deceased date stated above DATE SIGNEE 6/14/59
	ON. 226. DATE THEREO	F	22c. NAME OF CEMET ARBUTUS MI		MATORY	22d. LOCATION BALTO	(City, town, a		(Stote)
23. FUNERAL DIRECTO		1	512 CARRO	LTON	04 05	C'D BY REGISTRAR	24b. REGIS	TRAR'S SIGN	

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1. PLACE OF DEATH

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

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RAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the furefral directar. Is should be detoched for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filed with	(
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TO HOSPITAL OR AT ING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours after	ohysician.	as been signed by the ottending physician and completely filled in by the fi	al-tronsit permit. Then please remove corbon papers. Poges 1 and 2 shoul	The second secon
ING PHYSICIAN: The to	hospital or attending phy	After this certificate has b	thed for use as the burial-t	and an adjan or lain
TO HOSPITAL OR AT	may be retained by the	TO FUNERAL DIRECTOR:	poge 3 should be detoc	the conjecture print to his
1	5N	110	)/5	7

0. 0001117	Dai cimor	MARYLAND	Ma Ma	aryland	b. COUNTY	Baltin	more	
b. CITY OR TOWN	N (If outside carporota limits, we e nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (	If autside corpore		URAL and give n	earest tawn)	
OR INSTITUTIO	SPITAL (If not in hospital, give stone of Rd.	reet address)	d. STREET ADDRESS  / Ebeneze	er Rd			e. IS RESID ON A F YES	FARM?
B. NAME OF DECEASED	First	Middle	Lost	4. DATE OF	Man	th [	Day Ye	eor
(Type ar print)	James	Dunlap	Hardie	DEATH	June 1	1,		59
male male	white wit	MARRIED NEVER MARRIED DOWED DIVORCED	4/12/1876	5	9. AGE (In years lost birthdoy) 83 yrs.	Manths Days	Haurs	Min,
during most of v	vorking life, even if retired)	106. KIND OF BUSINESS OR INDU					OF WHAT C	OUNTR
Farmer 3. FATHER'S NAME			Beaver		enn.	U.	S. A	•
	Hardie		Elizabet		ap			
S. WAS DECEASED (Yes. no. or unknown)	EVER IN U. S. ARMED FORCES? (If yes, give wor or doles of service)		NFORMANT		Addr	ress		
A CONTRACTOR OF THE PARTY OF TH	DEATH [Enter anly and causa p	per line far (a), (b), and (c).]		,			ITERVAL BET	
PART 1. [	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	COND	ESTIVE H	EART L	ALLURG	OF	1 DA	PEAIN
581.0	DUE TO							
Canditions, it		CIRRH	0515 OF	LIVER	TOTAL	EURD), O	3 Mon	VTHS
gova risa ta cause (a), stoti	ng the under-							
Z Page 11 0		ONS CONTRIBUTING TO DEATH BUT	NOT BELATED TO THE TEL	MAINIAI DICEACE	COMPITION CIV	Thi thi 0 4 07 1/-1	110 14/45 41	LITORCY
	OTTER STORT CONDITIO	CONTRIBUTION TO DEATH BUT	NOT KELATED TO THE TEL	CMINAL DISEASE	CONDITION GIV	EN IN PAKE I(0)	PERFOR	MED?
■ FOR CONTRIBUTE	WAS UNDERLYING [] 20b. NG [] CAUSE OF DEATH IFY MEDICAL EXAMINER]	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury	in Part 1 or Part	11 of item 18.)		YES 🗌	NO 🖂
20c. TIME OF IN.		Od. INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, fo	orm, 20f. (City	ar tawn)	(Count)	y)	(State)
Haur o. r	10	/hile Not while fo	ctary, street, affice bldg.,	etc.)				
	that I attended the dec	eased from MAR	11. 1959. to	JUNE	105	that I last	taw the d	lococr
	JUNE 11	19 59 , and that death		0	the causes a			
			700001100		eet, city or town,			TE SIGN
ACTUAL SIGNATURE	Corries Se	meno Il	M.D. 2108	()res	nes Re	4)	6/11	1/53
PHYSICIAN'S NAME (Type)	Louis	EMENOFF	Batter	nore c	20,0	41		d-aligh
20. BURIAL, CREMA	TION, 226. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATI	ON (City, town, c	r county)	(State)	
Burial	6/14/5	9 Family Bu	rial Grds.	Cre		BU DA		121
3. FUNERAL DIRECTO	OR'S SIGNATURE	ADDRESS	- 121	EC'D BY REGISTR	AR 24b. REGIS	TRAR'S SIGNATI	URE	
Howard :	H.Hubbard,41	07 Wilkens Av	e. DATE	IUN 1 5 '59	9 0.	Ihua & Ha		
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may be retained be hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fun page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death.

NDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of

TO HOSPITAL OR

VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06453

6465 CERTIFICATE OF DEATH

Reg. Dist. No.

Hour o. m.  p. m.  19 While at work at	a. COUNTY	altimore		MARYLA	11	o. STATE Ma	ryland	b. COUNTY		pefore admissi LMOPO	ion)
SPRING GROVE STATE HOSFITAL 3702 Sylvan Drive    SPRING GROVE STATE HOSFITAL 3702 Sylvan Drive   SPRING GROVE STATE HOSFITAL 3702 Sylvan Drive   SPRING GROVE STATE HOSFITAL 3702 Sylvan Drive   SPRING GROVE STATE HOSFITAL 3702 Sylvan Drive   Spring of the property of the	RURAL and give ne	oresi town)	ls, write					ote limits, write RU	JRAL and give	nearest town	))
DECEASED (Type or pinn)  Blanche  Hicks  DEATH  June  2 19 55  S. S.K  6 COLOR OR RACE    MIDOWED   INVERT MARRIED   N. DATE OF BIRTH   Months   Day   Months   Doys	OR INSTITUTION				l		lvan Dr	ive		ON A	FARM?
Pemale	DECEASED	Blar	iche				OF	-		20	. 20
DOUGH STATE OF WHAT COUNT OUT OF STATE HOSPITAL  13. FATHER'S NAME  14. MOTHER'S MADE UNKNOWN  15. WAS DECEASED EVER IN U. S. ABMED FORCES? IN SOCIAL SECURITY NO. IV. INFORMANT UNKNOWN  16. WAS DECEASED EVER IN U. S. ABMED FORCES? IN SOCIAL SECURITY NO. IV. INFORMANT UNKNOWN  18. CAUSE OF DEATH [Enter only one couse per line for (b), (b), and (c).]  PART I. DEATH WAS CAUSED BY: DECO mpensatory heart disease  18. CAUSE OF DEATH [Enter only one couse per line for (b), (b), and (c).]  PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) IV. WAS AUTOPS 1/2 in JUNE 1 or FORT II of them 18.)  20. ACCIDENT WAS UNDERWING DOWN OF WORK DISTORY OF INJURY OCCURRED. (Enter notwer of injury in Fort 1 or FORT II of them 18.)  20. CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTHER HOME) AND INJURY OCCURRED. (Enter notwer of injury in Fort 1 or FORT II of them 18.)  20. CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTHER HOME) AND INJURY OCCURRED. (Enter notwer of injury in Fort 1 or FORT II of them 18.)  20. CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTHER HOME) AND INJURY OCCURRED. (Enter notwer of injury in Fort 1 or FORT II of them 18.)  20. CONTRIBUTING CAUSE OF DEATH (IF ETHER NOTHER HOME) AND INJURY OCCURRED. (County) (ISTORY MORE) AND INJURY OCCURRED (COUNTY) (ISTORY MORE) AND INJURY O	5. SEX						800	P. AGE (In years last birthday)			_
Maryland   U. S. A.					- A						
Unknown  15. WAS DICERSED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSE (o)  18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSE (o)  18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSE (o)  18. CAUSE OF DEATH (Enter only one course per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSE (o)  18. CAUSE OF DEATH WAS CAUSE (o)  18. COORDING WAS UNKNOWN  19. CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  19. WAS AUTOPS' PERFORMED?  19. OA ACCURDENT WAS UNDERSUNG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  19. WAS AUTOPS' PERFORMED?  19. OA ACCURDENT WAS UNDERSUNG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  19. WAS AUTOPS' PERFORMED?  19. OA ACCURDENT WAS UNDERSUNG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  19. WAS AUTOPS' PERFORMED?  19. OA ACCURDENT WAS UNDERSUNG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  19. WAS AUTOPS' PERFORMED?  19. OA ACCURDENT WAS UNDERSUNG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o)  19. WAS AUTOPS' PERFORMED?  19. OA ACCURDENT WAS UNDERSUNG TO DEATH BUT OF COURSED. (Enter nature of injury in Port 1 or Port II of item IB.)  20. ACCURDENT WAS UNDERSUNG TO DEATH SIGN  19. WAS AUTOPS' PERFORMED?  19. OA ACCURDENT WAS UNDERSUNG TO DEATH SIGN  19. WAS AUTOPS' PERFORMED?  19. OA ACCURDENT WAS UNDERSUNG TO DEATH SIGN  19. OA ACCURDENT WAS UNDERSUNG TO DEATH SIGN  19. OA ACCURDENT WAS UNDERSUNG TO DEATH SIGN  20. ELECTRICATION (City, town, or county)  21. LICETTIAL TO THE PROPERTY OF COURSE TO THE PROPERTY OF COUNTY BUT OF THE PROPERTY OF COURSE TO TH	during most of work	ing lite, even it retired	done 10b.	KIND OF BUSINESS OR	INDUSTRY			untry)			COUNTRY
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT R. or unknown   17. INFORMANT R. or unknown   17. INFORMANT R. or unknown   18. CAUSE OF DEATH   Enter only one couse per line for (o), (b), and (c).]  18. CAUSE OF DEATH   Enter only one couse per line for (o), (b), and (c).]  18. CAUSE OF DEATH   Enter only one couse per line for (o), (b), and (c).]  19. PART I. DEATH WAS CAUSED BY:  19. DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stoling the under lying couse lost.  19. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)   19. WAS AUTOPS:  PRAT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)   19. WAS AUTOPS:  PRAT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)   19. WAS AUTOPS:  PRAT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)   19. WAS AUTOPS:  PRAT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)   19. WAS AUTOPS:  PRAT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)   19. WAS AUTOPS:  PRAT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)   19. WAS AUTOPS:  PRAT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)   19. WAS AUTOPS:  PRAT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)   19. WAS AUTOPS:  PRAT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION OF CURRED OF CONTRIBUTION OF COUNTRIBUTION OF COUNTRIBUTION OF COUNTRIBUTION OF COUNTRIBUTION OF COUNTRIBUTION OF COUNTRIBUTION OF					14	. MOTHER'S MAIDEN	NAME				
The country   Control   Country							n				
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gove rise to immediate (couse (a)). Isoling the under lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS?  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPS? PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH (c)  OR CONTRIBUTING CAUSE OF DEATH (C)  COR CONTRIBUTING CAUSE OF DEATH (C)  OR CONTRIBUTING CAUSE OF DEATH (C)  COR CONTRIBUTING CAUSE OF DEATH (C)  OR CONTRIBUTING CAUSE OF DEATH (C)  OR CONTRIBUTING CAUSE OF DEATH (C)  COR CONTRIBUTING CAUSE OF DEATH (C)  OR CONTRIBUTING CAUSE OF DEATH (C)  COR CONTRIBUTING CAUSE OF DEATH (C)  OR CONTRIBUTING CAUSE (C)  OR CONTRIBUTING COUNTRIBUTION (C)  OR CONTRIBUTING COUNTRIBUTION (C)  OR CONTRIBUTING CAUSE (C)  OR CONTRIBUTING COUNTRIBUTION (C)  OR CONTRIBUTION (C)  O	(Yes no or unknown) ; (		ervice]		_		RING GR			SP ITAL	J
21. I certify that I attended the deceased fram. April 16 19 59, to June 29, 1959, that I last saw the decease alive an June 29, 1959, and that death accurred attended about the causes and an the date stated about the state of the course of the causes and an the date stated about the causes (Street, city or town, stole). DATE SIGNATURE SPRING GROVE STATE HOSPITAL 6-30-59.  PHYSICIAN'S NAME (Type) Stella Wachsler, M. D. Catonsville 28, Maryland  220. BURIAL CREMATION, REMOVAL (Specify) T/2/59 Western Cemetery Baltimore, Md.  231. EUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 240. REGISTRAR 24b. REGISTRAR'S SIGNATURE	Conditions, if or gove rise to in couse (o), stoling the lying couse tost.	DUE TO  TO, which neediote he under-  ER SIGNIFICANT CON  ACUTE  S UNDERLYING  T CAUSE OF DEATH	Adh	erent peric	ardiu	m - cause RELATED TO THE TER ralized as	minal disease	condition givi		o) 19. WAS A	AUTOPSY PRMED?
alive an June 29 , 19 59 , and that death accurred at 11:00p M, from the causes and an the date stated about the story of	20c. TIME OF INJURY Hour o. m. p. m.		While	Not white	0e. PLACE ( factory,	OF INJURY (Home, fo street, office bldg., e	orm, 20f. (City o	or town)	(Cou	nly)	(Stale)
NAME (Type) Stella Wachster, M. D. Gatonsville 20, Maryland  220. BURIAL CREMATION, REMOVAL (Specify)  Parial  220. Date Thereof  7/2/59  Western Cemetery  221. LOCATION (City. town, or county)  Baltimore, Md.  222. REGISTRAR 24b. REGISTRAR'S SIGNATURE	alive an Ju	ne 29	., 19.5	2, and that d		curred at 11:00	DD M, fram ADDRESS (Sire	the causes a	nd an the	date state	ed above
REMOVAL (Specify)  Burial  7/2/59  Western Cemetery  Baltimore, Md.  23. EUNERAL DIRECTOR'S SIGNATURE  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	NAME (Type)										
The can of the to pel to a little of the state of the sta	REMOVAL (Specify)	7/2/59	)F								e)
	Joung Byen	SIGNATURE	liber	ty Rd. Rana	lelle	7.	1 m e	100			

KTARK CERTIFICATE OF DEATH 

Reg. Dist. No.

M

O HOSPITAL OR CENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours affected. Page 4 may be retained to hospital or attending physician.

O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar priar to burial, crematian, or remaral, and in any event within 72 hours offer death.

TO HOSPITAL	TO FUNERAL D	go
1	S A1 SM 9	S (4) 755

	PLACE OF DEATH  BALTIMORE  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
	CITY OR TOWN (If outside corporate limits, write RIRAL and are nearest nown)  AR (2166)  2485	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress), OR INSTITUTION 03 PUTTY HILL AUC	M. STREET ADDRESS PUTTY HILL AND ON A FARM? YES NO 13
	NAME OF DECEASED (Type or print)  MARY  Middle	HOFFM AN 4. DATE OF DEATH OWNE 5 1959
	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF 81RTH  AN 1 1818  9. AGE (In years lost birthdoy) 81 yrs.    Wonths   Doys   Hours   Min.
100	. USUAL OCCUPATION (Give kind of work done lob. KIND OF 8USINESS OR INDU during most of working life, even if retired)  Hospital	STRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  2 5 A
13.	GEORGE HOHLAND	14. MOTHER'S MATTHERINE HENRY
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (If yes, give war or dates of service) 215 -24-728	SAMES R Sapping Ton SAME
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  UE TO  Conditions, if ony, which gave rise to immediate couse (o), stating the under- lying couse lost.	y occlusion  INTERVAL BETWEEN ONSET AND DEATH  Suprace  5 years
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0)  19. WAS AUTOPSY PERFORMED? YES \( \sum_{100} \) NO
	20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour a. s. 19 While Nat while of work of work	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) clory, street, office bldg., etc.)
	21. I certify that I attended the deceased from Feldalive an June 4 1959, and that death ACTUAL G. M. Bacow	n accurred at IP3 M, from the causes and an the date stated abave.  ADDRESS (Street, city or town, stote)  M.D. 2810 TAYLOR-AVE - 6/6/59
	PHYSICIAN'S A.M. BACON	BALTO-14-Md.
220	RIMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OF MORR LAND	R CREMATORY . 22d. LOCATION, (City, town, or county) (Stole) Mendara Line Ball, more Me
23.	FUNERAL DIRECTOR'S SIGNATURE  LAS F. EVANS & SIN 8802 HAZ	Ford RL DATE HIN 9 159 Outline & Krana

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AND THE STATE OF STAT	2. At			
				A Magan
	La Logo			

## FOR STATE HEALTH DEPT

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TO DEPUTY MEDITALISM. This certificate should be executed within 24 hours after death. If any deloy is need execute the certificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral dir. Page 4 should be farworded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or remayal, and in any event within 72 hours after death.

04

VS. AISME 5M 2/57

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6397 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

116455

Reg. Dist. No.

1. PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
Baltimore MARYLAND	o. STATE Maryland b. COUNTY Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Dundalk 22 18 years	53 Dundalk 22
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. 15 RESIDENCE
2482 Keyway	2482 Keyway
3. NAME OF DECEASED First Middle (Type or print) HENRY +++	HUBER, JR. J. DATE Month Doy Yeor HUBER, JR. June 25th. 1959
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yours I FUNDER LYEAR IF UNDER 24 HRS.
male white widowed Divorced	April 29,1893 66 yrs. Months Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Banbury Operator  Telephone Mfg  13. FATHER'S NAME	Baltimore, Maryland USA  14. MOTHER'S MAIDEN NAME
Henry Huber, Sr.	Mary Ruppert
[Yes, no, er enknown] [If yes, give war or dates of service]	INFORMANT Address
no 216-01-9219	Mrs. Anna S.Huber same as #2
18. CAUSE OF DEATH [Enter only one couse per lipe for (a), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c)  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.  (c)	DISENSE INTERVAL BETWEEN ONSET AND DEATH  DISENSE
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	Enter noture of injury in Port I or Part II of item 18.)
Hour o. m. 19 While Not while of work of work	ACE OF INJURY (Home, form. 201. (City or town) (County) (State)
21. I certify that I took charge of the remains described about	ove, held an Autopsy . Inspection . Inquiry . and in my
opinian death resulted from: Natural causes, Accident	, Suicide, Homicide, Undetermined manner
ACTUAL MORALUSE SIGNATURE	M.D. CHIEF MEDICAL EXAMINER [
EXAMINER'S NAME (Type) Melvin B. Davis. M.D.	ASSISTANT MEDICAL EXAMINER   6/26/59  DEPUTY MEDICAL EXAMINER   6/26/59
	CONTRACTOR INC.
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, town, or county) (State)
Burial Cremation, 226. Date thereof REMOVAL (Specify)  Burial 6/29/59 Holy Redeed  23. FUNERAL PRECTOF SIGNATURE  ADDRESS	

# ST STATE OF STATE OF A THE STATE OF 6397 MEDICAL EXAMINERS CERTIFICATE OF DEATH Service Si And I have been a transfer of the analysis of the analysis of the productions of the same Pragnos with the district na como cara anual a canda a nasi il Misse il Pasi

Trust Court Cartago and Green and Automorphism and the

PERSONAL PROPERTY AND ADDRESS OF THE PARTY AND

VS A15 (4) 15M 9/55

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 467 CERTIFICATE OF DEATH 6467

6-12-50	et	
CATE OF	DEATH	

06456

_	0 20 0		0. 0	'	Reg. Di	st. No.
1.	1. PLACE OF DEATH  o. COUNTY		2. USUAL RESIDENCE (Whe		If institution: Residen	ce before admission)
L	DALTIMORE "	ARYLAND	MHK9.	KAND	PA	LTIMORE
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give gearest town)	TAY IN 16	c. CITY OR TOWN (If ou	tside corporate lim	its, write RURAL and	give nearest town)
-	d. NAME OF HOSPITAL (If not in hospital, give street address)	IRS.	a. STREET ADDRESS	and,	- / 2/	e. IS RESIDENCE
	Walker Rd.		1 Na/1	ker/	Rd.	ON A FARM? YES NO
3.	3. NAME OF DECEASED (Type or print) WILLIAM F	iddle	JACOBS	4. DATE OF DEATH	JUNE TONE	Doy Year 3 1959
5.	5. SEX  6. COLOR OR RACE  7. MARRIED NEVER M.  WIDOWED DIVO	ARRIED	8. DATE OF BIRTH  JULY 7, 18	74 9. AGE		1 YEAR IF UNDER 24 HRS. Days Hours Min.
10	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINE during most of working life, even if settred)	Tion	1//2:	or fareign cauntry)	12. CIT	IZEN OF WHAT COUNTRY
13	13. FATHER'S NAME	11011	14. MOTHER'S MAIDEN NA	AME		10.77
4	James B. Jacobs		Sugar R.	Broy le	2	
15	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. of unknown) (If yes, give war or dates of service)	NO. 17. 18	NFORMANT TO Mai	estellar	Address	land mo
F	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and	(c).]				INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Gerebral	Arterio	osclerosis			3 Months
	334X DUE TO					
	Canditions, if ony, which gave rise to immediate (b)					
	cause (o), stoting the <u>under-</u>					1,000
z	lying cause lost.   (c)     (c)     Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH RUT	NOT RELATED TO THE TERMIN	IAI DISEASE COND	DITION GIVEN IN PAR	LIGITO WAS AUTOPSY
ATIO	O	, , , , , , , , , , , , , , , , , , , ,	TO THE TERMINA	CONTE	ATTOM GIVEN GYTAK	PERFORMED?
CERTIFIC	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	RY OCCURRED	D. (Enter noture of injury in Po	ort t ar Part II of it	em 18.)	100 100
3	3 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED	20e. PL/	ACE OF INJURY (Home, form,	20f. (City or tow	n) ((	County) (State)
MEDI	20c. TIME OF INJURY Manth, Doy, Year Hour a. m. 19 While Not while at work at work at work		tory, street, affice bldg., etc.)			
	21. I certify that I attended the deceased from	July	7 19.33. to Ju	ne_3	, 19.59 ,that 1	last saw the deceased
	alive an	hat death	accurred at \$1301	M, fram the	causes and an th	ne date stated above
	SIGNATURE DO CO Partir fo	ul		opress (Street, cit		DATE SIGNED
	PHYSICIAN'S					
_	NAME (Type) M. C. Porterfield, M. D.			pstead, M		
1	220. BURIAL CREMATION, 226. DATE THEREOF 22c, NAME OF SEMOVAL (Specify)	STORY OF	d Cemetery	Hami	city, town, or county)	L. M.d.
23	23. FUNERAL DIRECTOR'S SIGNATURE	FINA	note IN		24b. REGISTRAR'S SIG	SNATURE
1	X Jany Mannesen, Meur-	3770	Clony Kapate JI	IN 8 '59	Cuthy 2	Manual

TIPE DO the services - many deal or services are proportionally and the services of th Miles of the second second AND THE RESIDENCE AND AND THE

within 72 hours after death. After this funeral director, the third copy of this

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

hours after death.

2.12 183

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06457

#### CERTIFICATE OF DEATH 6468

	Reg. Dist. 140		
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED		
COUNTY BALLIMAKE MARYLAND	STATE Masulased COUNTY St Marine		
CITY (If outside corporate limits, write RURAL   LENGTH OF STAY	CITY (If outside porporate limits, write RURAL and give neerest town)		
OR and give nearest town) TOWN (In this plece)	OR TOWN The self-		
4-curs	(Mithericoville)		
HOSPITAL OR INSTITUTION OR STREET ADDRESS MIRCLES VILLA Philagenia Home	STREET (If rure) give location) ADDRESS		
3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Dey) (Year)		
(Type or Print) Exactle Elizabeth)	GENERAL SAME 33 1959		
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF	F BIRTH 9. AGE lest birthday   IF UNDER 1 YEAR   IF UNDER 24 HRS.		
F W (Specify) WIDOWED MOV	4-21, 1895 63 yrs. Months Days Hours Min.		
done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?		
retired) Housewife	Marisland 115A		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
DAVID DAWSON	MARY M. RALEY		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS BALTE 12 MID		
(Yes, no, or unk.) (If Yes, give wer or dates of service)	PAUL E VARBOE, 530 TKENUWORTH AVE.		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  18. MEDICAL CERTIFICATION			
4221 IMMEDIATE CAUSE (A) ENCEPHALO	MALACIA 62/10		
ANTECEDENT CAUSE(S) DUE TO			
DISEASES OR CONDITIONS, IF ANY, (8) HRTERIOSCLER	OTIC CARDIOVASCULAR DIS ?		
STATING UNDERLYING CAUSE LAST, DUE TO			
(C)			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?		
	YES NO V		
21e. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	1c. WHERE DID INJURY OCCUR? (City or town) (County) (State)		
21d. TIME OF INJURY (Month) (Dey) (Year) (Hour) 21e. INJURY OCCURRED While Not while at work at work	th. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from FCB 141	1055 to 1/11/23 1059 to 11		
alive on JUN 23 1959 and that death occurred at	SylCD, Inar I last saw the deceased		
signature	S. H. P. M, from the causes and on the date stated above.		
Frederick ( / la elaces)	ADDRESS (Street, clty, town, state)  DATE SIGNED		
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR C	CORNATORY (D. WHLTO-12 MD. 6/23/59		
TREMOVAL (SPECIFY)	M / Joins		
BURIA 16-26-39 51.005	eph Morganza Ild.		
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS		
DATE III 2 '59 Chilling S. Knows	CR. CR. V your telsun		

MARYLAND STATE DEPARTMENT OF HEALTH-EALERMORE IS CERTIFICATE OF DEATH .... Mary M. was to the set of the continue of the Atlanta to the second of the secon

leath. Page 4

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

TO HOSPITAL OR may be retained

DEASO

CEASED PORTUGE  (SITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown)  NAME OF HOSPITAL (If not in hospitol, give street or INSTITUTION S. COLONS  IMPORTANT OF CEASED POOR OR RACE 7. MAR WIDOW  USUAL OCCUPATION (Give kind of wark done 10b uring most of morking life, even if retired)  THER'S NAME	Middle  RRIED   NEVER MARRIED    VED   DIVORCED	c. CLDX OR TOWN (II autside corporate at a street address and a street address at a st	Month  AGE (In years last birthday)  AGE (In years last birthday)  Day  12. CITIZEN OF M.
RURAL and give necrest towns  ACCOUNTY  NAME OF HOSPITAL (If not in hospitol, give street  OR (INSTITUTION)  WE OF  First  6. COLOR OR RACE  7. MAR  WIDOW  USUAL OCCUPATION (Give kind of work done 10b  uring most at working like, even if retired)	I address)  Middle  RRIED   NEWER MARRIED    VED   DIVORCED    KIND OF BUSINESS OR INDUS	Last 4. DATE OF DEATH  B. DATE OF BIRTH  6/26/94	Month Doy  Month 3  AGE (In years least birthday)  Age fyrs.  Months Doys He depended to the first support of the first support support of the first support
NAME OF HOSPITAL (If not in hospitol, give street or INSTITUTION)  ME OF First  6. COLOR OR RACE  MIDOW  SULAL OCCUPATION (Give kind of work done 10b uring most of working life, even if retired)	RRIED NEWER MARRIED DIVORCED DIVORCED NINDUS	Lost 4. DATE OF BIRTH CO 26/94	Month Doy  Month State of the s
CEASED pe or print)  6. COLOR OR RACE 7. MAR WIDOW  USUAL OCCUPATION (Give kind of wark done 10b uring most of working life, even if retired)	RRIED   NEVER MARRIED   VED   DIVORCED   NEVER DIVORCED	B. DATE OF BIRTH	9. AGE (In years lost birthday)  4. AGE (In years lost birthday)  4. Age (In years lost birthday)  4. Age (In years lost lost lost lost lost lost lost los
WIDOW  ISUAL OCCUPATION (Give kind of work done 10b uring most at forking life, even if retired)	VED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED	6/26/94	lost birthday) Months Days Ho
uring most of afforking life, even if retired)	' /2	STRY 11. BIRTHPLACE (Stote or foreign co	untry) 12. CITIZEN OF W
Ingris NAME			
	enkins	14. MOTHER'S MAIDEN NAME	aston
AS DECEASED EVER IN U. S. ARMED FORCES? 16 b. or unknown) (If yes, give war or date of service)	SOCIAL SECURITY NO. 17. II	NORMANT LONNO Den	Address
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  UE TO Conditions, if any, which	ypertensive	C-V Disease	INTERVONSET 20
couse (a), stoting the <u>under-</u> DUE TO / ying couse lost.	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART I(0) 19. Y
DO. ACCIDENT WAS UNDERLYING 120b DES	SCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Port I ar Port	
Hour o. m. While	Not while for	ACE OF INJURY (Home, form, 20f. (City ctory, street, office bldg., etc.)	or town) (Caunty)
CTUAL GNATURE THE SECTION SHOWS SHOW THE SECTION SHOWS		occurred at 5130 PM, fram	the causes and an the date seed, city, or town, state)
TOO I TOO I TOO I TO I TO I TO I TO I T	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gove rise to immediate ouse (a), stating the under- ying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS  CA. ACCIDENT WAS UNDERLYING   20b/ DE R CONTRIBUTING   CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER)  C. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19 of wo  1. 1 certify that I attended the deced live on, 19	DUE TO  Conditions, if any, which pove rise to immediate ouse (a), stating the under- lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  CONTRIBUTING CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER?  C. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED for work of w	PART I. DEATH WAS CAUSED BY:    MMEDIATE CAUSE (a)   DUE TO

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# HEALTH DEPT

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TO DEPUTY MEDIC EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessare execute the certificate, writing the ward "pending" in pencil in Item. 18. Give Pages 1. 2, and 3 to the funeral dirty. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, are its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **639** MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	Keg, Dist. No	0.
1. PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence be	efore admission)
DALTIMORE MARY	CLAND O. STATE MAY VIANO 6. COUNTY	alto
b. CITY OR TOWN (It outside corporate limits, write RURAL and give nearest town)	IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give n	nearest town)
TURNERS STATION 2041	rs, 53 TURNERS STATION	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address	d. STREET ADDRESS	e. IS RESIDENC
121 Burberry CT.	121 BAYBERRY CT.	YES NO
NAME OF DECEASED First Middle	Lost 4. DAYE Month Doy	Year
(Type or print)	lordan DEATH JUNE 23	19.59
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	Lord bliefs doub	IF UNDER 24 AP
WIDOWED DIVORCED	5/16/05 54 yrs. Months Days	Hours Min.
a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN O	F WHAT COUNT
during most of working life, even if retired)	ANNE Arundel Cy. Md.	
. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Ellerment auxou	France labricate	
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO.	17. INFORMANT Address William	MOTON
(es, no, er unknown)             yes, give wor or doses of service)	LAS. Chavis - 722 VANDEVETE A	VE.
/40		
18. CAUSE OF DEATH [Enier only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	(C) A C A A C A C A C A C A C A C A C A C	RVAL BETWEEN ET AND DEATH
IMMEDIATE CAUSE (0)	Cecusin	_
420.1 DUE TO 12 5 6	1/2.5000	
Conditions, if ony, which gove rise to immediate couse	V 1136030	
(a), stating the underlying DUE TO		
couse lost. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	H BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	PERFORMED?
		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH  200. EXTERNAL CAUSE WAS PRIMARY   0 of CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCUR CAUSE OF DEATH.	RRED. (Enter nature of injury in Port I or Port II of item 18.)	7
	Te. PLACE OF INJURY (Home, form, 20f. (City or town) (County) factory, street, office bldg., etc.)	(State)
Hour o, m. White Not will e p. m. 19 Work of work	Today, siles, siles sing, etc.)	
21. I certify that I took charge of the remains described	d obave, held an Autapsy . Inspection . Inquiry .	and in m
apinion death resulted fram: Natural causes 12. Accid		
MB.		
ACTUAL SISTEMANTS	CHIEF MEDICAL EXAMINER	DATE SIGNED
SIGNATURE	M.D. CHIEF MEDICAL EXAMINER .	/
EXAMINER'S MARS DAVIS	M D DEPUTY MEDICAL EXAMINER ID	1/1
		159
20. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETE	ERY OR CREMATORY 22d. LOCATION (City, town, or county)	(Stole)
FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATUR	100.
THE PARTY DIRECTOR'S SIGNATURE ADDRESS	C. "O'   IIIN 2 0 150	
MINION TRICKSON 1127 1.	Carolina BATE JUN 3 0 '59 Chilun & Har	

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	and the fine transfer of transfer by	(Sr. Satural S. Pero Lobert British State
		STATE OF THE PARTY OF THE PARTY.
114.	Morn Pork Jupages	June 12-12-5 may
		112

VS A15 (4) 15M 9/5B

	CERTIFI	CATE OF DEATI	1	Reg. Dist. No.	16
o. COUNTY Galten	ores MARYLAN	O STATE	here deceased lived. If insti	itution: Residence before admiss	ion)
b. CIEY OR TOWN (If autside corporate lim RVRAL and over peorest town)	its, write c. LENGTH OF STAY IN	16 c. CITY OR TOWN (IF	outside corporote limits, write	te RURAL and give nearest town	1)
d. NAME OF HOSPITAL (If not in hospital, of Institution	give/street address)	d. STREET ADDRESS	rovela	ed ave on A YES	FARM
NAME OF DECEASED (Type or print)	rst Middle	KADISH	OF a		Year 19 5
Female 6. COLOR OR RACE	7. MARRIED NEVER MARRIED   WIDOWED TO DIVORCED		-84 9. AGE (In yellost birthdo	ors IF UNDER 1 YEAR IF UNDER Y) Months Days Hours yrs.	R 24 F
Oa. USUAL OCCUPATION (Give kind of work during most of working life, even if retired	done 10b. KIND OF BUSINESS OR II	11111	or foreign country)	12. CITIZEN OF WHAT C	QUNIT 4
Charles Savare	700 - Control of the	14. MOTHER'S MAIDEN	NAME		
5. WAS DECEASED EVER IN U. S. ARMED FOR (es. no. or unknown) (If yes, give war or dates of		ROBERT K	ADISH, 411	2 G-ROVELA	ND
gave rise to immediate cause (a), stating the under-lying cause last.	Sagare-Nleg. Statelies. Sterenslyes a	ten sclerose - ( empulal	enflee	da Peu u gears  Le may 11	-1
PART II. OTHER SIGNIFICANT CON	NDITIONS CONTRIBUTING TO DEATH			GIVEN IN PART 1(0) 19. WAS PERFO	RMED
	20b. DESCRIBE HOW INJURY OCCL	OKKED. (Enter nature of injury in	ran for form in al nein is.		
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Ye		e. PLACE OF INJURY (Hame, forr foctory, street, office bldg., etc	n, 20f. (City or town)	(County)	(SI
20g. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Ye Hour o. m.	or 20d. INJURY OCCURRED 20d While of work of work at work at deceased from all g.	foctory, street, office bldg., en	FLAG 2 , 195	Thot I lost sow the dond on the dote stated	leceo
20g. ACCIDENT WAS UNDERLYING CONTROL CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINE)  20c. TIME OF INJURY Month, Day, Ye Hour o. m. p. m.  21. I certify that I ottended the olive on  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)	while Not while of work of the deceased from the	eath occurred at J	M, from the couses ADDRESS (Street, city or to	Thot I lost sow the dond on the dote stated	
20g. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Ye Hour o. m. p. m.  21. I certify that I attended the olive on ACTUAL SIGNATURE PHYSICIAN'S	while of work of the control of the	eath occurred at J	M, from the couses ADDRESS (Street, city or to	Thot I lost sow the dond on the dote stated	leceo

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TO HOSPITAL OR

VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

06460

Reg. Dist. No.

	PLACE OF DEATH     O. COUNTY	Baltimore		MARYL	AND	2. USUAL RESIDEN	Mary	-	lived. If institut b. COUNTY		ce befo	re admis	sion)
	RURAL ond give r		s, write	c. LENGTH OF STAY IN					ote limits, write !	RURAL ond	give ne	arest town	n)
,	OR INSTITUTION	TAL (If not in hospital, a		<u>  40yr2mthl2</u> oddress) SPITAL	dys	Balt: d. STREET ADD 1602 E13	RESS	14411	moot	3 V O	1-	ONA	IDENCE FARM?
	3. NAME OF DECEASED	Fire	it	Middle		lost		4. DATE	Mor		Do	У	Year
	(Type or print)	Elizab				Kahl		DEATH	Ju	me	12		19 59
	female	white	7. MARR	IED NEVER MARRIED		Jan. 17,	187		9. AGE (In years last birthdoy) 01 yrs.	Months Months	Doys	Hours	Min.
	10a. USUAL OCCUPATI	ON (Give kind of work diking life, even if retired)	lone 10b.	KIND OF BUSINESS OR	INDUS	RY 11. BIRTHPLACE	E (Stote o	or foreign co	untry)	12. CII	IZEN O	F WHAT	COUNTRY?
	housewo					Mary 14. MOTHER'S MA	Zlane				U.	S. A	•
4	Uanz	v Kahl				Christ							
		ER IN U. S. ARMED FORG		SOCIAL SECURITY NO.	17. IN	FORMANT	LIIQ I	TCOO	Add	Iress			
	Unknown	(ir yes, give wor or dotes or se		nknown	Re	cords: S	SPRIN	VG GF	OVE ST	A'IE H	IOSE	ITAL	
		ATH [Enter only one country on	0	ne for (o), (b), ond (c).]	mbos	is						RVAL BE	
	Conditions, if c gove rise to couse (o), stoting lying couse lost,	the under-	-	teriosclerot eralized an		cardiova		lar di	sease				
	_	HER SIGNIFICANT COND	DITIONS C	ONTRIBUTING TO DEAT	H BUT I	OT RELATED TO TH	ETERMIN	AL DISEASE	CONDITION GIV	VEN IN PAR	T 1(o) 1	PERFO	AUTOPSY PRMED?
_		AS UNDERLYING DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCC	CURRED	(Enter noture of in	jury in Po	ort I or Port	Il of item 18.)				
	20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Yea 19	While of work	Not while	Oe. PLA	CE OF INJURY (Homory, street, office blo	ie, farm, ig., etc.)	20f. (City	or town)	(0	County)		(Stote)
	alive on	June 12, 19	decease 5,919		20 leath	, 19 <u>_59</u> , t accurred at 6	45a	M, from	the causes c	and an ti	last so ne da	te state	deceased ed abave
	SIGNATURE	Stella	(00	xelleles	M	D. SPRING	GI	ROVE	STATE I	HOSPIT	AL	6-1	2-59
	PHYSICIAN'S S	tella Wachs:	ler,	M. D.		Catons	vil	le 28,	Marylar	nd			
1	220. BURIAL, CREMATIC REMOVAL (Specify)	ON, 22b. DATE THEREON		22c. NAME OF CEMET	ERY OR	CREMATORY		22d. LOCATI	ON (City, Iown,	or county)		(Stote	e)
	Burial	6-15-19	59	Loudon P	ark				imore,			Md.	
	23. FUNERAL DIRECTOR	S SIGNATURE	73	207 Will	2004	1 aug		BY REGISTR	52-11	strar's sic			
-			1										

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may be retained the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon pages. Rages 1 and 2 should be filed with the registrar priar to burial, cremation, ar remaval, and in any event within 72 haurs after degit.

NDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs afti

TO HOSPITAL OR

VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06461

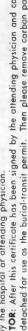
472	CERTIFICATE	OF	DEATH

6

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Baltimore		MARYL	AND	2. USUAL RI o. STATE		yland	d lived. If institu b. COUNT		ice before o	admission)
b. CITY OR TOWN (III	autside corporate limi	its, write	c. LENGTH OF STAY I		c. CITY O	R TOWN (If o	outside corpo	prate limits, write	RURAL and	give neares	t town)
Catonsvi			28yr6mtn23	dys	Ba	ltimor	re	3	3401	- 4-	
d. NAME OF HOSPITA	AL (If not in hospitol, g	give street	oddress)		d. STREE	ADDRESS					S RESIDENCE ON A FARM?
SPRING G	ROVE STATE	G HO	SPITAL	-/	310	Junea	u Pla	ce			ES NO
3. NAME OF DECEASED	Fii		Middle			ast	4. DATE OF	Me	onth	Day	Yeor
(Type or print)	(Netti	e)	Mary A.		Keagle	9	DEATH		June	30	19 59
5. SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIE	D X E	DATE OF BI	RTH		9. AGE (In year	IF UNDER		UNDER 24 HRS.
female	white	WIDOWI	_	_		28, 1		lost birthdoy)	Months	Days H	ours Min.
10o. USUAL OCCUPATIO during most of work	N (Give kind of working life, even if retired	done 10b.	KIND OF BUSINESS OF	INDUS	TRY 11. BIRTH	PLACE (State	or foreign co	ountry)	12. CIT	IZEN OF V	WHAT COUNTRY?
seamstr						Maryla	nd			U. S	. A.
13. FATHER'S NAME					14. MOTHE	S MAIDEN N	IAME				
Henry	7 H. Keagle	9			Isa	bell H	lanson				
15. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT	- 11		Ad	dress		
unknown			Unknown	Red	cords:	SPRIN	G GR	OVE STA	TE HO	OSPITA	AL
18. CAUSE OF DEA	TH [Enter only one co	use per lin	ne far (a), (b), and (c).]								AL BETWEEN
PART I. DEAT	TH WAS CAUSED BY:	, Ce	rebral vaso	ula	r accid	ent				ONSET	AND DEATH
422.1	DUE TO										
Conditions, if an	y, which ) (b	Ar	teriosclero	tic	cardi	vascul	ar dis	ease			
gave rise to in cause (a), stating t	mediate (										
lying cause last.	(c	, Ge	neralized a	rte:	rioscle	rosis					
PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEA	TH BUT 1	NOT RELATED	TO THE TERMI	NAL DISEAS	E CONDITION G	IVEN IN PAR	F	WAS AUTOPSY PERFORMED?
PART II. OTH  OF CONTRIBUTING OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	20b. DESC	ERIBE HOW INJURY OC	CURRED	. (Enter noture	of injury in P	Part I or Part	t II of item 18.)			O NO ET
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yeo	While	Not while of work	20e. PLA	CE OF INJURY ary, street, off	(Home, form, ice bldg., etc.	, 20f. (City	or town)	(0	County)	(State)
21. I certify the	at I attended the	deceos	ed from June	29	1955	to	June	30 10	9 that I	last same	the deceosed
glive on Ju			9 , and that o		occurred o	. 10:00	DA from	the course		iusi suw	me deceosed
/	7				occorred (	,	ADDRESS (St	reet, city or town	una on re	ie agre	DATE SIGNED
ACTUAL SIGNATURE	Rella	Wa	choler	M	SPF		ROVE		HOSPI	TAL 7	
PHYSICIAN'S NAME (Type)	Stella Wac	hsler	M. D.		Cat	ons vil	le 28	, Maryla	nd		
220. BURIAL, CREMATION BENEVAL (Specify)	7-3-59		Baltimor	ERY OR	CREMATORY em.			ION (City, town, Ltimore			(State)
23. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			24a. REC'D	BY REGIST		ISTRAR'S SIC	SNATURE	
ohn C. Mi:	ller Inc.	-242	1035 E. (	rilc	rer St	DATE JI	UL 6	59	I thung &	. Kraus	

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VS A15 (4) 15M 9/58

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

	6473		CERTIFICA	ATE OF DEP	NIII		Reg. Dist.	No.	
PLACE OF DEATH     O. COUNTY	Baltimore		MARYLAND	2. USUAL RESIDENCE o. STATE Md.	(Where deceased li	ived. If institutio b. COUNTY	n: Residence k	pefore admissio	on)
b. CITY OR TOWN (I RURAL ond give no	f outside corporate limits, carest town)  Catonsvil		OF STAY IN 16		(If outside corporat	e limits, write RU	JRAL ond give	nearest town)	V
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give Ridgeway N			d. STREET ADDRE		od St		e. IS RESID ON A F YES	FARM?
3. NAME OF DECEASED (Type or print)	Philip First	E.	Middle <b>Ker</b> :	ns Sr.	4. DATE OF DEATH	June		/	ear 9 <b>59</b>
5. SEX	6. COLOR OR RACE 7.	MARRIED NEV		April 12,	1891	AGE (In yeors lost birthdoy) 68 yrs.	Months Do	YS Hours	Min.
Retired N	ON (Give kind of work don king life, even if refired) IE Ghanic, Gl	e 10b. KIND OF B	usiness or indus	itry 11. BIRTHPLACE (		ntry)		SA	UNTRY
13. FATHER'S NAME	dward D.Ke	rns		14. MOTHER'S MAID	M. Voge	Lsang			
15. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FORCES (If yes, give war or dates of service	16. SOCIAL SEC 215-18-	3147 Mr		Kerns	Jr.1241	"Via	Del Ma	ar-
	NTH [Enter only One cause TH WAS CAUSED BY: IMMEDIATE CAUSE (a)	per line for (o), (t	3					NTERVAL BETY	
236 X Conditions, if or		Tupl	britis c	bronic				640	
gove rise to it couse (o), stating lying couse last.		Turn	er, undi	lagnosed,	nt. Rio	lucy		1 yee	u
PART II. OTH	ER SIGNIFICANT CONDIT	ions contribution	71	NOT RELATED TO THE T		CONDITION GIVE	EN IN PART 1(	19. WAS AL PERFORI YES [	MED?
	S UNDERLYING 1 200 CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE HOW	INJURY OCCURRED	). (Enter noture af injur	y in Part I ar Part II	of item 18.)			
20c. TIME OF INJUR Hour o. m. p. m.		20d. INJURY OCC While Not w ot work at wor	hile foc	ACE OF INJURY (Home, tory, street, office bldg	form, 20f. (City of	r tawn)	(Cou	nty)	(Stote
21. I certify the	at I attended the de			19 <b>57</b> , to	ZSAP from the	(/	that I last	saw the dec	cease
ACTUAL SIGNATURE	Jely 7. 20	lisepe		P.M.		et, city or town,		614	SIGNE
PHYSICIAN'S NAME (Type)	JOHN F.	SCH	AEFER		Boeto	7.29	Yud		
220. BURIAL, CREMATIO REMOVAL (Specify) Burial			e of cemetery of		500	te.Md.	r county)	(State)	
23. FUNERAL DIRECTOR' Witzke Fu	S SIGNATURE	ADDR		24a.	REC'D BY REGISTRA		TRAR'S SIGNA		

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	fact of the		Baltimore	
	acito.	oll. ef.	Chusmoda)	
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	April 13,1891 68		·M	• 11
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	and the section over the	abcombe 1014	nic fanomas	N. O. I.

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 06463 6474 CERTIFICATE OF DEATH Rea. Dist. No. director, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed b. COUNTY MARYLAND BALTIMORE MARYLAND roi b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) should FORT HOWARD ABTNGDON 12 DAYS d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 2 VETERANS ADMINISTRATION HOSPITAL YES NO T pup 2 NAME OF First Middle 4. DATE filled OF DEATH ALLEN S KIRKWOOD JUNE 10 59 (Type or print) 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS ely lost birthdoy) Months Dovs Hours MARCH 21, 1891 MALE WHITE complet WIDOWED | DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF RUSINESS OF INDUSTRY during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? puo JARRETTSVILLE, MARYLAND U.S.A. GRAIN INSPECTOR (RETIRED) g after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MARY BELL BEVARD EDWIN C. KIRKWOOD 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address CLIN REC MARYLAND YES VET ADM HOSP FORT HOWARD 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN YEARS PART I. DEATH WAS CAUSED BY: ARTERIOSCLEROTIC HEART DISEASE IMMEDIATE CAUSE (0) DUE TO Conditions, if ony, which gove rise to immediate per DUE TO couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED? DIABETES MELLITUS: CHRONIC BRAIN SYNDROME: ARTERIOSCLEROSTS YES NO NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Day. 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) Hour a.m. factory, street, office bldg., etc.) Not while at work of work p. m. . 19 59, to June 10, 19 59 Martin Course 100 21. I certify that Aattended the deceased from May 29. detached ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE pe shauld PHYSICIAN'S NAME (Type) TO FUNERAL PIJANOWSKI. (MADONNA) 220. BURIAL CREMATION, 226. DIAJE THEREOF 22d. LOCATIONACK HOWA or county) 22c. NAME OF CEMETERY OR CREMATORY pode (Stote) REMOVAL (Specify) BETHEL PRESBYTERIAN CHURCH HARFORD COUNTY, MARYLAND June.13.1950 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Abingdon, Maryland VS A15 (4) PATE UN 1 2 '59 Chrima & Heave 15M 10/57 H.K. McCOMAS FUNERAL HOME, ABINGDON, MARYLAND

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BUY E				

06464 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	*******	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
Daltimore	MARYLAND	
b. CITY OR TOWN (If outside corporate limits, write RUBAL and give nearest town)	. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
(Larrison) m. DI	60 days	Wahington D.C. 47x-3
d. NAME OF HOSPITAL (If not in hospital, give street add	dress) % /	d. STREET ADDRESS e. IS RESIDENCE
POXIDEGE CAFFISON	Navs How	4469 Setallich Aug Mul YES NO B
	, I''	
B. NAME OF DECEASED (Type or print)	Middle	4. DATE Month Day Yeor OF DEATH 0 19 5
5. SEX   6. COLOR OR RACE   7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR
female White WIDOWED		lost birthday) Months Days Hours Min.
<ol> <li>USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)</li> </ol>	ND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
NOWE	-	Kussia U.S.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
may (xialland	2 1	Santin Caken
	CIAL SECURITY NO.	INFORMANT Address
(Yes, no, or unknown)	- 1	AS. Lewa Burka Clarkes burgli
18. CAUSE OF DEATH [Enter only one couse per line	for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	2	ONSET AND DEATH
IMMEDIATE CAUSE (o)	arenow	a of transversitolon 2 yrs
/33,/ DUE TO		11. Antitale
Conditions, if ony, which gove rise to immediate (b)	will as	donna melautier
couse (a), stating the under-		
lying couse lost. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS COL	NTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS' PERFORMED?
3		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS COLUMN	8E HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or Port II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
20c. TIME OF INJURY Month, Doy, Year 20d. INJU	JRY OCCURRED 20e. Pt	ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stot
Hour o. m. While	Not while fo	ctory, street, office bldg., etc.)
p. m. 19 of work [	ot work	
21. I certify that Upttended the deceased	fram	195 ta Present, 19 that I last saw the decease
alive an 8 June 195	2, and that death	accurred at 11.34M, fram the causes and an the date stated above
V		ADDRESS (Street, city or town, state)  DATE SIGNE
SIGNATURE Parel H	Koyse	M.D. 808 Reisterstown & Den
SIGNATURE	1	m.b.
PHYSICIAN'S NAME (Type) Paul H	Roysen	10. Phaville 8 mg.
229 SURIAL, CREMATION, 225. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
MREMOVAL (Specify 6-11-19	Kozed	ale Parto Tho
3 JUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
alk Lewin Mr > 2100	Gestan	1 CONO 1111 4 4 150 0 1 0 14
		DATE JUN 1 1 59 Chilling S. Thank

may be retained by the haspital at otherding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the otherding physician and completely filled in by the funeral director, oth. Page 4 NDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after the registrar prior to burial, cremation, or removal, and in any event within

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VS A15 (4) 15M 9/58

EATS TO EXCEPTION OF START Cartinal W D Cartinal Contract Contract THE SECRET TO DESCRIPTION OF THE PROPERTY OF THE MORNING A Washington A Mark Hardell Soprial Cones William Street Street Town Bearing Park Land Control of the Con PARK COM A CONTRACTION ( CONTRACT ON THE PARK CONTR

# TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

TO ATTENDING PHYSICIAN OR HOSPITAL: The law requires that the death The bottom copy may be retained by the hospital or attending physician. NSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

6476 CERTIFICATE OF DEATH

116	46	5
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1. PLACE OF DEATH		2. USUAL RESIDEN	ICE (HOME) OF DECEASED	
county Baltimore	MARYLAND	STATE Mary	land county Balt	imore
CITY (If outside corporata limits, write RURAL OR and give nearest town)	LENGTH OF STAY (in this place)	CITY (If outside corpo	rate limits, write RURAL end give neer	rest town)
Reisterstown	81 yrs	X TOWN Rei	sterstown	
HOSPITAL OR INSTITUTION OR		STREET ADDRESS	(If rurel giva location)	
street Address Berryman's Lai		Berr	yman's Land	
3. NAME OF DECEASED (Type or Print) Frederick W.	(Middle) illiam Kon	(lest) Man	4. DATE (Month) OF June	(Dey) (Yeer) 21 1,959
5. SEX 6, COLOR OR 7. SINGLE, MAI WIDOWED, (Specify)	DIVORCED.	OF BIRTH 29 1877	9. AGE lest birthday   IF UNDER   Months	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if	KIND OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (Slate or forei	gn country)   12.	COUNTRY?
relired) Farmer Farm	m owner	Maryland		SA .
13. FATHER'S NAME		14. MOTHER'S MAIDEN I		BO BOOK
Peter Korman			tine Wallace	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yas, no, or unk.) (If Yes, give war or detes of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & A		
No	None		Korman Reister	stown Md
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT	18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (A) Cer	ebral Hemor	rhage		30 min.
THE TO				
DISEASES OR CONDITIONS, IF ANY. (B) ATT	eriosclerot	ic C-V Diseas	36	5 yrs.
GIVING RISE TO THE ABOVE CAUSE DUE TO				
(C) 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	none			
196. DATE OF OPERATION 196. MAJOR FINDING	S OF OPERATION			20. AUTOPSY?
no none				YES NO
216. ACCIDENT WAS UNDERLYING   216. PLACE (HOOR CONTRIBUTING   CAUSE OF DEATH   OF INJURY street (IF EITHER, NOTIFY MEDICAL EXAMINER)		21c. WHERE DID INJURY OCCUP NONE		ty) (State)
none	te. INJURY OCCURRED  /hile Not while work at work	21f. HOW DID INJURY OCCUR		
22. I hereby certify that I attended the dec	ceased from 12-3	-44 19 , to 6-2	21-59 , 19, that I	last saw the deceas
alive on 6-17-59, 19, as	nd that death occurred	at 9 P M, from the c	auses and on the date stated	d above.
SIGNATURE CARLES		ADD	Ress (Street, city, lown, stele) Reisterstown, l	DATE SIGNI
	M. D.	D COLLARODA	LOCATION (City, town, or county)	
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY O	K CKEMATOKT	LOCATION (City, town, or country)	[State]
REMOVAL (SPECIFY)				(5.5.5)
23. BURIAL CREMATION, REMOVAL (SPECIFY) BUT181  24. REC'D BY REGISTRAR JUN 2 5 '59  CATALAN & Thereof REGISTRAR'S SIGNATU  CATALAN & Thereof	959 All Sair		Reistestown	Md

MARYLAND STATE DIPARTMENT OF PLANTIS PARTMORE, IS. III. SEE

# COR CERTIFICATE OF DEATH

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Tal Transact		-	STREET, SAN	AVIIBREPENT A

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

06466

			AIE OI DEAII		Reg. Dist. No.	
o. COUNTY BALTI	MORE	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. If inst b. COUI		re admission)
b. CITY OR TOWN (If outside of RURAL and give nearest town	)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, wri	ite RURAL ond give neo	rest town)
d. NAME OF HOSPITAL (If not OR INSTITUTION	in haspital, give street as	ddress)	d. STREET ADDRESS	IAW IZD		e. IS RESIDENCE ON A FARM? YES NO
R. NAME OF DECEASED (Type or print)	First J MY2 d	Middle	e terbach	4. DATE OF DEATH	Month Do	Year 195
MALE WIT	R OR RACE 7. MARRIE	D NEVER MARRIED DIVORCED	8. DATE OF BIRTH	863 9. AGE (In ye lost birthdo	(ay) Months Doys	IF UNDER 24 HRS Hours Min.
Oa. USUAL OCCUPATION (Give I during most of working life, e	ind of work done 10b. K	IND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stote			F WHAT COUNTE
3. FATHER'S NAME  CÓNTANA L	HUTERBA	4C.H	14. MOTHER'S MAIDEN	NAME		7.
S. WAS DECEASED EVER IN U. S.	ARMED FORCES? 16. So	4	INFORMANT  IRS G-ARDALER	1+1466-5	Address OZ I+ ATI1E	RZEIGI
Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse last.	AUSED 8Y: TE CAUSE (o)  DUE TO  (b)  DUE TO  (c)	erebro Vas	lest h	sident emplesis	ONS	REVAL BETWEEN ET AND DEATH
3			IT NOT RELATED TO THE TERM  ED. (Enter noture of injury in			9. WAS AUTOPSY PERFORMED? YES NO
20g. ACCIDENT WAS UNDERLOOF CONTRIBUTING CAUST (IF EITHER, NOTIFY MEDICAL Hour g. m. P. m.	OF DEATH EXAMINER)	URY OCCURRED 20e. I	LACE OF INJURY (Home, fornoctory, street, office bldg., etc	n, 120f. (City or town)	(County)	(Stote
21. I certify that Latter alive an	ended the deceased = 28, 19.5	from	h accurred at	AM, from the cause ADDRESS (Street, city or to		te stated abar DATE SIGN
SIGNATURE  PHYSICIAN'S NAME (Type)	m u	1 ysm	MD. /lingsv	III-, IVId.	<u>(c</u>	-30-59
BUILIAL 6/	30/59	PARK WOOD	CEM	PARKVI	LLE M	(State)
3. FUNERAL DIRECTOR'S SIGNATION OF THE PURPLE OF THE PURPL	PRALI+OM.	ADDRESS L/2/0 13	24a. REC	D BY REGISTRAR 24b. R UN 3 0 '59	Carly & H.	

oth: Page 4

may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 haye-after death. NDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft TO HOSPITAL OR VS A1S (4) 1SM 10/S7

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VS A15 (4) 1SM 10/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6478

### **CERTIFICATE OF DEATH**

116467

Reg. Dist. No.

1. PLACE OF DEATH  o. COUNTY  Balto.		MARYLAND	2. USUAL RESIDENCE (Who o. STATE Md.	ere deceased liv	ed. If institution b. COUNTY	_	before admis	ision)
b. CITY OR TOWN (I RURAL ond give ne Catonsvil		e c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o		limits, write RU	JRAL and give	nearest tow	m)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give stro		d. STREET ADDRESS				ON.	SIDENCE A FARM?
	the Pines - F	usting Ave.	1 613 Plymou	ith Rd.			YES	] NO []
3. NAME OF DECEASED (Type or print)	First	Middle	Lost	4. DATE OF DEATH	Mont		Doy	Yeor
	ISABELLE	BAYLY LEFT	45017	1	Jur		29,	19 59
5. SEX		ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	9.	AGE (In years ost birthday)	Months Do		
T'emale	77222.00	0b. KIND OF BUSINESS OR INDU	NOV. 5. 1870	or foreign count	00	12 CITIZE	N OF WHA	T COUNTRY?
during most of work	ing life, even if retired)	00. KIND OF BUSINESS OK INDO	Md.	or foreign coun	'71	12. CHIZE	N OF WHA	COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME			· · · · · · · · · · · · · · · · · · ·	
Tobas T 12-	7		732 1 -1 12	77 7				-
WM. L. Ba	J -J	16. SOCIAL SECURITY NO. 17. I	Elizabeth	Wales	Addr			
	(If yes, give wor or dates of service)							
-			ss Amelie Lou	ise Lef	ranc=6]	19 Plym	outh	Rd.
	mmediate (	Plopary Thro	mosis of the	chusis - aggs	ritus		INTERVAL BONSET ANI	
PART II. OTH		IS <u>CONTRIBUTING TO DEATH</u> BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CO	ONDITION GIV	EN IN PART 1(	PERF	AUTOPSY ORMED?
	S UNDERLYING [] 20b. E CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	Port I or Part II o	of item 18.)			
20c. TIME OF INJUR Hour o. m. p. m.	Wh		ACE OF INJURY (Home, farm, tary, street, office bldg., etc.	20f. (City or	lown)	(Cou	nty)	(State)
21. I certify the alive on 20  ACTUAL SIGNATURE  PHYSICIAN'S FINAME (Type) F	at lattended the dece 3 June 19 mil H. H.	5, and that death	accurred at 5 P M.D. 601 Win M.D. Ballo	M. from 11 ADDRESS (Street LAUS) 29		nd on the	date stat	decease ted abave PATE SIGNE
20. BURIAL, CREMATION REMOVAL (Specify)	N. 226. DATE THEREOF 7/1/59	22c. NAME OF CEMETERY O		22d. LOCATION	(City, town, o		(Sto	te)
3. FUNERAL DIRECTOR	Signature Sichuel	ADDRESS /S	acto 240. REC'E	BY REGISTRAR	24b. REGIS	TRAR'S SIGNA		
Ĵ		7	Tuck				-	

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	THE PROPERTY OF	W-131-27-PM	~
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interest a mile or because and made		3/ (4/ 14)	
Brief) Commission Comm			
		3 ( 1.56 ) \(\frac{1}{2}\)	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 116468 6479 CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed o. COUNTY o. STATE b. COUNTY MARYLAND Balto. Md. b. CITY OR TOWN (If outside corporate limits, write ō c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carparate limits, write RURAL and give negrest town) RURAL and give nearest town) should Catonsville Catonsville d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Blakeney Rd. Ridgeway Manor Nursing Home YES NO puo NAME OF 4. DATE First Middle Lost Year DECEASED ALTCE VIRGINIA LLORENS June (Type or print) DEATH 10 6. COLOR OR RACE 7. MARKETO THE TOTAL PROPERTY OF B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS completely lost birthdoy) Months Days Hours Female White WIDOWED I DAY OF CHOICE 75 yrs. June 1. popers. 1884 10a. USUAL OCCUPATION (Give kind of work done during most af warking life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State ar foreign country) 12. CITIZEN OF WHAT COUNTRY? deoth. Retired Housewife Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Richardson Sarah 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknown) (If yes, give war or dates of service) lending Mrs. Marian Kelly - 270 Blakeney Rd., Catonsville no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (o) **DUE TO** Canditians, if any, which permit. gave rise to immediate DUE TO cause (a), stating the underlying couse last. buriol-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20f. (City or tawn) (County) factory, street, office bldg., etc.) Hour a. m. While Not while ot work of work p. m 21. I certify that A attended the deceased from that I last saw the deceased detached alive an and that death accurred at M, fram the causes and an the date stated above SATE SIGNED ACTUAL should PHYSICIAN'S registror NAME (Type) FUNER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) poge REMOVAL (Specify) he Balto. Loudon Park Cem. 0 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur & Track VS A15 (4) 15M 10/57

(Stote)

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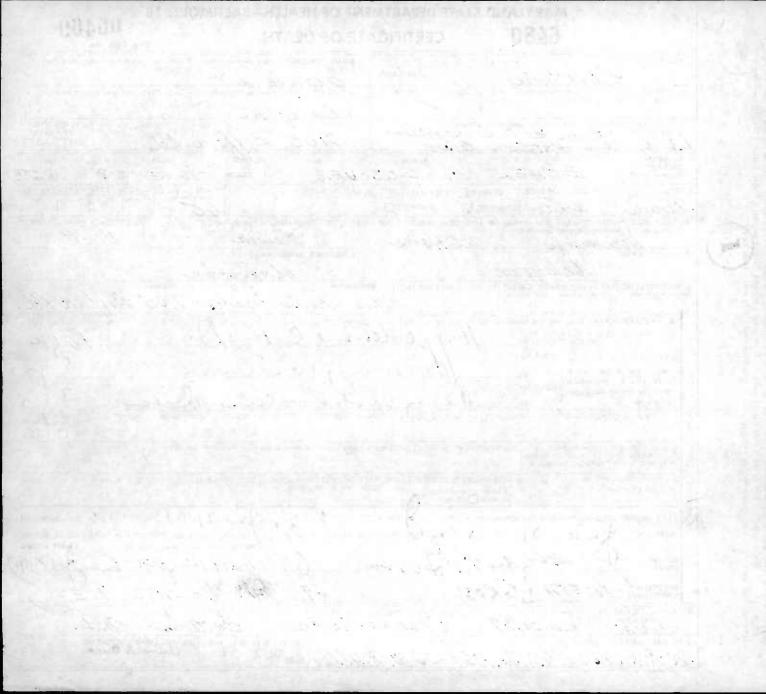
VS A1S (4) 1SM 9/58

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6480 CERTIFICATE OF DEATH

06469

Reg. Dist. No.

-							
1.	LUINOU	MARYLAND	2. USUAL RESIDENCE (W o. STATE		If institution: Resid COUNTY	lence before adm	nission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	STAY-IN 16	c. CITY OR TOWN (IF	outside corporate limi	its, write RURAL on	d give nearest to	own)
o's	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Brain facility Congregations Libertal file of fattories are	tion	d. STREET ADDRESS	Bofferd	! Ld	ON	RESIDENCE N A FARM?
3.	NAME OF DECEASED (Type or print) ETHEL A.	4iddle 405	Last	4. DATE OF DEATH	Manth LUNE -	2 8	Year 19.59,
S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER A	AARRIED	B. DATE OF BIRTH	9. AGE lost I	(In years birthdoy) Manths	ER I YEAR IF UN s Days Hau	
10	Oa. USUAL OCCUPATION (Give kind of work done during mast of warking life, even is retired)  At Ho	ESS OR INDU	. 1	ar fareign country)	12.0	U, S. A	TCOUNTRY?
13	3. FATHER'S NAME		14. MOTHER'S MAIDEN	nknown	L		
15	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURIT (If yes, give war or dates of service)	Y NO.	NFORMANT Is Seda	Smider-	Address 7/05 2	Boffee	e Let.
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), on PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  UConditions, if ony, which gove rise to immediate couse (a), stating the under- lying cause last.  (c)	200	any cre	lung Culu	Quean		BETWEEN ND DEATH
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO		NOT RELATED TO THE TERM  D. (Enter nature of injury in	Book Los Bost II of it		PER	AS AUTOPSY REORMED?
		JKT OCCORKE	D. (Enter nature of injury in	ron for ron it ar ii	em 10./		
MEDICAL	20c. TIME OF INJURY Month, Doy, Year While Nat while of work of work		ACE OF INJURY (Home, fart ctory, street, affice bldg., et		n)	(Caunty)	(Stote)
		that death	accurred at	My fram the co	auses and an t		
-	PHYSICIAN'S JOSEPH & GROSS.	LM	M.D. (0.7)	PARK HE	-ICHTS	AVE	
27	20. BURIAL, CREMATION, REMOVAL (Specify) Line So/59 22c. NAME OF	/	or Cremajory	22d. LOCATION (C	ity, town, ar county	Med !	Stote)
23	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	6111	PALL DATE	D BY REGISTRAR	24b. REGISTRAR'S	SIGNATURE	



VS A15 (4) 15M 9/55

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6481

CERTIFICATE OF DEATH

		JEKINIOA	IL OI DEAII		Reg. D	ist. No.	
1. PLACE OF DEATH O. COUNTY BALTIMORE		MARYLAND	2. USUAL RESIDENCE (WHO a. STATEMARYLA	ere deceased lived.	If institution: Reside COUNTY	ence before admis	sion)
b. CITY OR TOWN (If outside corporate li RURAL and give nearest town) BALTIMORE	mits, write c. LENGTH	OF STAY IN 16 YEARS	c. CITY OR TOWN (IF o	utside carporate lin	nits, write RURAL and	give nearest taw	n)
d. NAME OF HOSPITAL (If not in hospital, OR INSTITUTION RIDGEWAY MANOF		номе	d. STREET ADDRESS 510 WILSO	N AVENU	E	ON	SIDENCE A FARMY
3. NAME OF DECEASED (Type or print) MARIA	J. LUOT	Middle	Last	4. DATE OF DEATH	JUNE 19	,1939	Yeor
female 6. COLOR OR RAC	WIDOWED [	DIVORCED [	MACH 22,18	80 79	(In years birthday) yrs.	R I YEAR IF UND Days Haurs	ER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of wordering most of working life, even if retire HOUSEWITH	k done 10b. KIND OF 8U AT HOM		RY 11. BIRTHPLACE (State FINLAND		12. C	U.S.	
13. FATHER'S NAME UNKNOWN	Wiita		14. MOTHER'S MAIDEN N UNKNO	w ma m			
15. WAS DECEASED EVER IN U. S. ARMED FO (Yes. no. or unknown) (If yes, give war or dates of		URITY NO. 17, INF	ORMANT R. ANDY LUO	TO 510	WILSON	AVE, BA	ALTO2
cause (o), stating the under-	(o) (b) Cen	Coronal Coronal enlyin	arteris.	Alexa	ad	INTERVAL BI	
PART II. OTHER SIGNIFICANT CO	NOTIONS CONTRIBUTION		OT RELATED TO THE TERMII			PERFO	AUTOPSY DRMED?
20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER  20c. TIME OF INJURY Month, Day, Y Hour o, jr. p. m.  19	fear 20d. INJURY OCCU	ile facto	E OF INJURY (Home, farm, ry, street, office bldg., etc.	20f. (City or tow	n)	(County)	(State)
21. I certify that I attended the alive an			iccurred at 1:15 A		causes and an	the date stat	
22a. BURIAL, CREMATION, 22b. DATE THERI REMOVAL (Specify)  JUNE		OF CEMETERY OR C	CEMETERY		ity, town, or county) MORE MAP		le)
23. FUNERAL DIRECTOR'S SIGNATURE HENRY SANDER & S	SONS INC.	ss		BY REGISTRAR	24b. REGISTRAR'S S		

3			
WILLIAM STATE		The March of the Company of the Comp	
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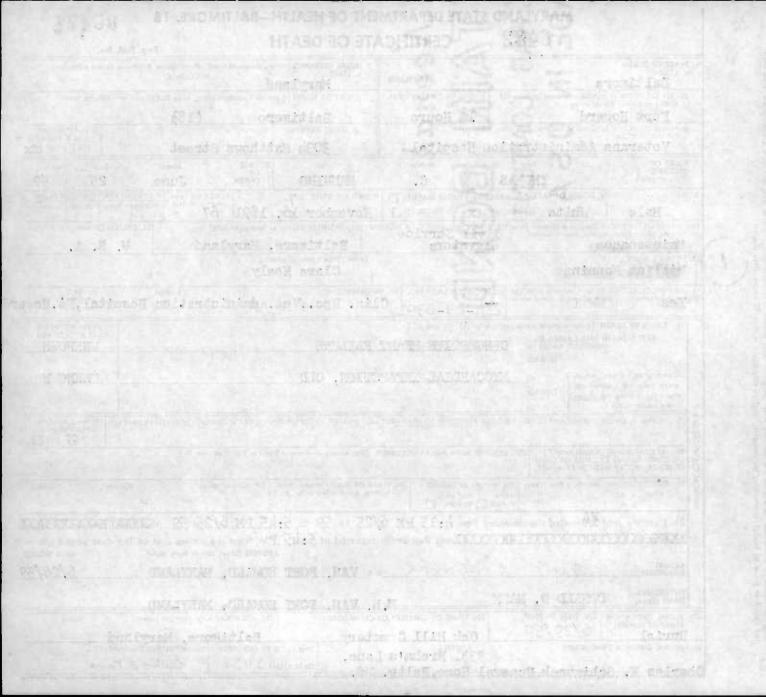
VS A15 (4) 15M 10/57

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6482

CERTIFICATE OF DEATH

0200	CERTIFICA	TIE OI DEATI	R	eg. Dist. No.
PLACE OF DEATH d. COUNTY  Baltimore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Marylan	ere deceased lived. If institution: b. COUNTY	Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Fort Howard	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporote limits, write RUR	AL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION  Veterans Administration	t oddress)	d. STREET ADDRESS	tthews Street	e. IS RESIDENCE ON A FARM? YES NO XX
NAME OF First DECEASED (Type or print) THOMAS	Middle C.	Lost MANNING	4. DATE Month OF DEATH June	Doy Yeor 25 19 59
Male White WIDOV	VED TO DIVORCED	8. DATE OF BIRTH 17 November 16.	1891 67 yrs.	UNDER 1 YEAR IF UNDER 24 HRS.  Nonths Doys Hours Min.
o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Maintenance	KIND OF BUSINESS OR INDUSTIVE SERVICE	STRY 11. BIRTHPLACE (Stote of Baltimore	or foreign country) , Maryland	12. CITIZEN OF WHAT COUNTRY
FATHER'S NAME William Manning		14. MOTHER'S MAIDEN N	AME	
(light proprier or dates of service)		NFORMANT lin. Rec., Vet	.Administration	Hospital,Ft.How
420.1 DUE TO	OCARDIAL INFAR			INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN	IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES A NO
200. ACCIDENT WAS UNDERLYING A CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED	). (Enter nature of injury in Po	ort I or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. Hour o. m. 19 While of wo	Not while fac	ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that knowled the decea have down the following the decea have down the following the f	March,	occurred at 5245 I	PM, fram the causes and DORESS (Street, city or town, state HOWARD, MARYT, AN)	an the date stated above  DATE SIGNE  0 6/26/5
BURIAL CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF		CWARD - MARYTAN 22d. LOCATION (City, town, or c	
REMOVAL (Specify) 6/29/59				
Durial 1777	Oak Hill Cem	eterv	Baltimore, Ma	ror and



oth: Page 4

NDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs of

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6483

**CERTIFICATE OF DEATH** 

06472

Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY  Baltimore	MARYLAND	2. USUAL RESIDENCE (Who. STATE	ere deceased lived. If institut b. COUNTY BAIT	ion: Residence before admission	)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	utside corporate limits, write l	RURAL and give nearest town)	10
	35 years	X			
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	dress)	d. STREET ADDRESS		e. IS RESIDE ON A FA	ENCE ARM?
6719 Roberts Avenue		6719 Robe	rts Ave.	YES N	
3. NAME OF First DECEASED	Middle	Last	4. DATE Mor	nth Day Yea	or
(Type or print) William	UN.	Martin	DEATH 6	28 19	59
		B. DATE OF BIRTH	9. AGE (In years		
Male White WIDOWED	DIVORCED	11-16-1877	lost birthdoy) 81 yrs.	Months Days Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done 10b, KI	ND OF BUSINESS OR INDU			12. CITIZEN OF WHAT CO	DUNTRY
during most of working life, even if retired)  1.aborer  Rul	bberoid Co.	Europe		TTCA	
13. FATHER'S NAME	onerore co.	14. MOTHER'S MAIDEN N	IAME	U.D.A.	
UN. Martin		TIN -			
	OCIAL SECURITY NO. 17. I	NFORMANT	Ado	dress	
(Yes, no, or unknown) (If yes, give war or dates of service)		ATRAC Tracks		The state of the state of the state of	LL
NO 21'	7-18-9504	Alice Listo	pad - 6719	Roberts Ave.	# 6
Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	nal disease condition gi	VEN IN PART I(o) 19. WAS AU PERFORM	
				YES T	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	IBE HOW INJURY OCCURRE	D. (Enter noture of injury in f	ort I or Port II of item 18.)		
20c. TIME OF INJURY Month, Day, Year Hour o. m, 19 While of work [	_ Not while for	ACE OF INJURY (Home, form clory, street, office bldg., etc.		(County)	(Stote)
21. I certify that I attended the deceased alive on 19.13  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)	from January January and that death workern'th KOWIA		/	Z,,that I last saw the de and on the date stated hate) BATE	
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 84-30-59	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town,		
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			STRAR'S SIGNATURE	
Walter Dabrowski - 10	OlA- Dunda	Ik Ave DATEUL	2 '59 an	thun & thous	

TO HOSPITAL OR VS A15 (4) 15M 10/57 Junes? See how of Crickle hours SIC MACKEWIAK  MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE ON A FARM?

Yeor

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND/DEATH

> PERFORMED? NO 19

> > (State)

DATE SIGNED

(State)

YES 🗍

19 0

Min.

Tags Division and	CERTIFICATE OF DEATH
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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6409

CERTIFICATE OF DEATH

	2050	GEIXIII IG/	ALE OF BEATT	Reg. Dist. N	lo.
L	PLACE OF DEATH O. COUNTY BOLLIMORS	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE	b. COUNTY BOLL	efore admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporation of the corp	orote limits, write RURAL and give	nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street ode OR INSTITUTION 1320 Paplar	Alle	d. STREET ADDRESS	Ave.	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print) Nathan A	Mc Call	Lost 4. DATE OF DEATH		Day Year
5. 9	6. COLOR OR RACE 7. MARRIET  MOLE WIDOWED	DE NEVER MARRIED DIVORCED	B. DATE OF BIRTH  Jan. 12 1884	9. AGE (In years IF UNDER 1 YE. lost birthday) Months Doy	
10a	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	ND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote or foreign of	country) 12. CITIZEN	OF WHAT COUNTRY
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
1	Unknown		Unkrown		
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO. 10. or unknown) (If yes, give wor or dotes of service)	00-67-6916 Sc	NFORMANT JMCCO	1/1320 Popla	rAne.
	1B. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	for (o), (b), and (c).]	ARDIALI		NTERVAL BETWEEN NSST-AND DEATH
	Conditions, if ony, which ) (b) C	NGFST	IVF HEART	FAILURE	
	gove rise to immediate couse (a), stating the under-lying couse lost.				
CATION	PART II. OTHER SIGNIFICANT CONDITIONS CO.	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEAS	SE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFI	200. ACCIDENT WAS UNDERLYING A	BE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I or Por	rt II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJU Hour o. m. 19 While of work [	_ Not while to	ACE OF INJURY (Home, form, 20f. (Circlery, street, office bldg., etc.)	y or town) (Count	y) (Stote)
	21. I certify that I attended the deceased alive an 13 JUNE, 195	-0	7'WA	m the causes and an the c	
	ACTUAL SIGNATURE	Genlean		ligeet, city or lowin, stole)	DATE SIGNE
	PHYSICIAN'S NAME (Type)				
220	BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	Loydon Por	R CREMATORY 22d. LOCA	TION (City, town, or county) Itim re Mo	(Stole)
23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY REGIS	0 11	
Y	mouse me 1328 Sull	ENUN ARM	es Per DATEUN 1 6 '59	Circina di, Mai	4/%

	1000	CERTIFICA	11 (882)	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6485 CERTIFICATE OF DEATH Reg. Dist. No. erol director, be filed with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND Bal timore Baltimore b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) should Rockdale Rockdala d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 8h01 Courtleigh Rd. YES T NO F Courtleigh Rd. 3. NAME OF 4. DATE First Middle Year DECEASED (Type or print) ANNTE DEATH McDERMOTT 1959 June 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday)
91 yrs. IF UNDER 1 YEAR IF UNDER 24 HRS Months Days June 1. 1865 WIDOWED K DIVORCED [ female whi te 10a. USUAL OCCUPATION [Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife at home 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Martin Schanze (unknown IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Mr. Edward M. McDermott - 8401 Courtleigh Rd. no none 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL RETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Cardio - Reval Vascular Discuse IMMEDIATE CAUSE (o) me. DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. Day. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (Stote) Hour o. m. foctory, street, office bldg., etc.) While Not while of work of work p. m. 21. I certify that I attended the deceased from Dec 12, 1957, to June 1, 1959, that I last saw the deceased 2, and that death occurred at 2 A M, from the causes and on the date stated above. alive on George E. Shannon M.D. PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Loudon Park Cem Buria Baltimore. Md. 01 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 10/57

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CERTIFICATE OF DEATH

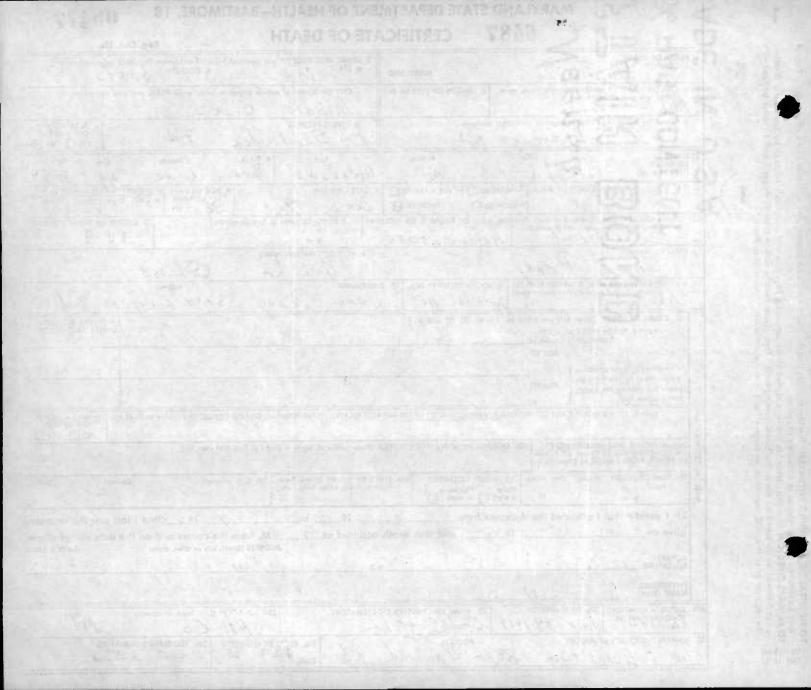
Ren. Dist. No.

1. PLACE OF DEATH o. COUNTY Baltin	more County	MARYLAND	2. USUAL RESIDENCE (W o. STATE District of	here deceased lived. If ins b. COL		efore admission)		
	(If outside corporate limits, writ		c. CITY OR TOWN (IF	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)				
Towson			as. Washington			4/X-2 V		
OR INSTITUTION	PITAL (If not in hospitol, give stre ard and Enoch F		d. STREET ADDRESS	Channel 1	NT TAT	e. IS RESIDENCE ON A FARM?		
					N. W.	YES NO		
3. NAME OF DECEASED (Type or print)	First Ruth	Middle Chamber:	lain McEntee	4. DATE OF DEATH	Month June ]	Day Yeor L2 19 <b>59</b>		
5. SEX Female		ARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH February 17,	9. AGE (In y lost birthd 83		EAR IF UNDER 24 HRS. ys Hours Min.		
	1122 00	Ob. KIND OF BUSINESS OR IND				OF WHAT COUNTRY		
during most of w	orking life, even if retired)	00. KIND 01 D03H1233 0K H1D						
House	WITE		New Yo		Unit	ted States		
3. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
Samue	1 S. Chamberlai	n	May Tayl	or Munson				
15. WAS DECEASED E	VER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT		Address			
No	In yes, give not or cone or to may		Hospital	Records				
18. CAUSE OF D	EATH [Enter only one couse pe	r line for (o), (b), and (c).]			11	NTERVAL BETWEEN		
	EATH WAS CAUSED BY:	1	neumonia.	Lilateral		DNSET AND DEATH		
2311V	IMMEDIATE CAUSE (o)	15pilarion 1	new monta,	011910191				
224/	DUE TO							
Conditions, if	ony, which (b)							
couse (o), stotin	DUE TO	-6-111		1 1	. 1.			
lying couse los	t. ) (c) <u>L</u>	erebral Arte	riosclerosis	, senile bra	in disease			
CATIO	THER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERM	NINAL DISEASE CONDITION	N GIVEN IN PART 1(d	PERFORMED?		
20g. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIC	MAS UNDERLYING 20b. ENG CAUSE OF DEATH FY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUR	ED. (Enter noture of injury in	Port I or Part II of item 18	1.)			
20c. TIME OF INJU	). 10 Wh		PLACE OF INJURY (Home, form octory, street, office bldg., etc.	n, 20f. (City or town)	(Cour	nty) (Stote)		
		ased from May	30 , 1957, to (	1140 17/ 10	FORMALIA	\ Ab J		
_ ^	that I attended the dece	asca main.		une 12, 19	27, that I last	saw the decease		
alive an_	MUC-11, 19	29-,-, and the deal	h accurred at 1138					
ACTUAL SIGNATURE	Mylai	w	M.D. Shelphon	appress (Street, city or the Pratt Ho	own, stote)	DATE SIGNE		
PHYSICIAN'S NAME (Type)	W.W. Ela	ih	Towns	son-4,	Maryl.	and		
CREMATION	110N, 22b. DATE THEREOF 6/13/59	22c. NAME OF CEMETERY CEDAR HILL.	CREMATORY	SUITLAND		(Stote)		
23. FUNERAL DIRECTO	DR'S SIGNATURE	1756 Pa. Ave.,	N.W. DC 240. REC	JUN REGISTRAR 246.	REGISTRAR'S SIGNA			

applications by the first well for . I di l'est est au la constitut de la la la constitut de la c miles et al. To commit a la care Troi, val. South Section 1 to 1 THE PROPERTY OF THE PROPERTY OF THE PARTY OF 

06477
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		6487 CERTIFICATE OF DEATH  Reg. Dist. No.
arector,		PLACE OF DEATH  COUNTY  BALTIMORY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. Il institution: Residence before admission)  o. STATE  M. L. D. COUNTY  BALTO
should be f		C. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  RURAL and give nearest town)  MIddle RURAL  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN (II autside corporate limits, write RURAL and give nearest town)  54 Middle Rural
X n.		or institution Seltridge Rd 13 Seltridge Rd e. Is residence on a farm?  YES NOTE: NO PARTIES OF HOSPITAL (If not include points) in the special parties of the second parties of
ges 1 and		NAME OF DECLASED  Type or print)  Della Middle Lost 4. DATE Month Doy Year  OF DEATH JUNE 26 1959
	5. \$	F WIDOWED DIVORCED DEC 8 1920 Igst birthday) Months Days Hours Min.
death		USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  Leceral Richard Wasting life, even if retired)  Wastinghouse VA.
urs offer		FATHER'S NAME  14. MOTHER'S MAIDEN NAME  BERTHA GLASS
72 hai		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  NO or unknown) (If yes, give wer or dates of service)  NO PARS PEARY 3219 [ JOPPA RJ
nt within		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)  PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)
any eve		Conditions, if any, which gave rise to immediate (b)
and in	7	lying couse last.  DUE TO  (c)
maval,	FICATION	PANT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?  YES NO
n, or re	AL CERTI	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 11 or Part 11 of item 18.)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 11 or Part 11 of item 18.)
rematia	MEDICAL	20c. TIME OF INJURY Manth, Day, Year Hour o. m.  p. m.  19  20d. INJURY OCCURRED While Not while at work of wo
verial, o		21. I certify that I attended the deceased from 2 , 1951, to
d be delo		ACTUAL SIGNATURE M.D. SOSFuy-ley (M.C. 26 S
registrar p		PHYSICIAN'S APRVIN ROMBRO Batin my
g &		PORTAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City. town, or county) (Stoje)
8	23.	PUNERAL DIRECTOR'S SIGNATURE  ADDRESS



# FOR STATE HEALTH DEPT

TO DEPUTY MEDIC EXAMINER: This certificate shauld be executed within 24 hours after death. If any deloy is nece by please execute the certificate, writing the ward "pending" in pencil in Item, 18. Give Poges 1, 2, and 3 to the funeral discrete he certified to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard of Health, are its designated agent, prior to burial, cremation, or removal, and in any ment within 72 hours after death.

VS. A15ME

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6488 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

116478

	0	K	(

Reg. Dist. No.

•	PLACE OF DEATH a. COUNTY Baltimore MARYLAND					2. USUAL RE o. STATE	Md.	/here deceas	sed lived. If instit b. COUNT		dence be	fore adm	ission)	
1		and give nearest town	outside corporate limits, wri	RURAL	c. LENGTH OF STA	Y IN 1b	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  55  Towson						wn)	
	-	owson					H		on				1 46 0	F. C. I. D. C.
		509 Yarmou	at or institution in the Rd.	it not in ho	spilat, give street addr	.ezz)	d. STREET		Yarmoi	uth Rd.			ON	A FARM?
	3. 1	NAME OF	Fi	af	Middle		Loc		4. DATE	Mont	h	Day		feor
		Type or print)	CLAREN	CE	EDWA	PD	MEDINO	מקב	OF DEATH			7.9		9 50
							DATE OF BIRT	C BECK I		9. AGE (In years	IF UNDE	R TYEAR		ER 24 HRS.
	I	nale	white	WIDOWE		_	Oct. 1		7	lost birthday) 81 yrs.	Manths	Days	Haurs	Min.
	10g.	USUAL OCCUPATION	ON (Give kind of working life, even if retired)	done 10b.	KIND OF BUSINESS O	R INDUST	RY 11. BIRTHP	LACE (State	ar foreign c	country)	12. CI	TIZEN O	F WHAT	COUNTRY?
37		Retired (S		T	ea			Md.						
	_	FATHER'S NAME			<u> </u>		14. MOTHER'S		IAME					
1	1	lenry Medi	naon							1.2				
1			ER IN U. S. ARMED FO	RCES? 16	SOCIAL SECURITY NO	D. 117 #h	FORMANT	Mami	e Will	L1.S Address			-	
		, na, er unknown)	(If yes, give war or dates of	service)			TO CONDICTOR			Addies				
	r	10			16-07-8685	M	r. Irwi	n D	Medin	ger - 509	Yan			
			TH [Enter only one co	use per-line	for (a), (b), and (c).	/	1. //	+		-		- INTE	EVAL BETW	EEN ATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) My Acardeal h Remoderation 12 Ars.												
		422,2 DUE TO												
		Conditions, if any, which (b)												
		gave rise to immed	diale couse								-			
		(a), stating the cause last.	underlying	/										
	7	PART II. OTH	HER SIGNIFICANT CON	IDITIONS CO	ONTRIBUTING TO DEA	TH BUT N	OT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GI	VEN IN PA	RT 1(a)	P. WAS	AUTOPSY
0	6			-								1	PERFC	ORMED?
	CERTIFICATION	20g. EXTERNAL CAL	HEE WAS	N. DESCRIP	E NOW INDUST OFFI	10050 45							YES [	но 🗆
	ERT	PRIMARY Or COL	NTRIBUTING []	VD. DESCRIB	E HOW INJURY OCC	URKED. (E	nter nature at i	njury in Parl	I or Part II	of item 18.)				
		CAUSE OF DEATH.												
	MEDICAL	20c. TIME OF INJUI	RY Manth, Day, Ye	-	INJURY OCCURRED	20e. PLAC	E OF INJURY	(Hame, form	20f. (City	or town)	(C	aunty)		(State)
	MEC	Haur e.m. p.m.	19	While of we	Not while at wark		.,,		1		DTE.			
		21. I certify th	hat I took charge	of the	remains describ	ed_abo	ve, held ar	Autops	v П. II	nspection []	Inqu	irv [	. on	d in my
		apinion death	resulted from:	Natural	COUSES D ACC	ident [	7 Suicid	le 🗍 . H	Iomicide	☐ Undate	ermined	, _		
		apinion dedin	1	Talone .	caoses [-], Acc	lociii [		С Ц, .	TOMICIGE	, Oridere	mined	mann	E1 []	
		ACTUAL 1	2 Ka 1 Vo	+14	70-1	011	CHIEF	MEDICAL EX	A SAINIED T				DATE	AGNEO
0		SIGNATURE	receio	10	Loun	RE	W.D.				6	1/	1	
d		EXAMINER'S	61	7	MIN		//	ANT MEDICA			4	118	150	7
		NAME (Type)	//dr/e	STI	DOM	Ves/	/	MEDICAL	-			1.0	/ V /	
	220	BURIAL, CREMATIC REMOVAL (Specify)		OF	22c. NAME OF CEME	TERY OR	CREMATORY		22d. LOCA	TION (City, tawn,	or county)		(Sfat	e)
	-	urial	6/20/59			Cem.				Baltimore				
1	23.	FURERAL DIRECTOR	S SIGNATURE		ADDRESS	. (1)	.04		D BY REGIST		STRAR'S S	IGNATU	RE	
)	1	Mu. 4	cher	ur	THOUS	- Ne	UN.	DATE	N 2 2 '5	9 Cir.	Thung S.	trav	A	
	-	1					1700	4						

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P	1	176

## MARYLAND STATE DEPARTM

ATE OF DEATH		TIMOR	E, 1		∩ ( ist. No	47	9
2. USUAL RESIDENCE (Whe	ere deceased		nstitutio		to.	re admiss	iion)
c. CITY OR TOWN (If or 52 Catonsvil		rote limits, v	write RI	JRAL ond	give ne	arest town	n)
/ d. STREET ADDRESS 601 Laure	1 Hil	l Lan	е				FARM?
Lost MENZEL	4. DATE OF DEATH		Ju		100		Year 19 59
B. DATE OF BIRTH Mar. 26, 1898		9. AGE (In lost birth	years day) 1 yrs.	Months	R 1 YEAR Days	Hours	Min.
Md.  14. MOTHER'S MAIDEN N Elizabeth NFORMANT rs. B. Ruth Me	Eich		Addr		H41	l La	
clusion		- 001	Dat	4101	INT	ERVAL BESET AND	TWEEN
is					6	yrs	
NOT RELATED TO THE TERMIN	NAL DISEASI	CONDITIC	N GIV	EN IN PAI	RT 1(o) 1		RMED?
D. (Enter nature of injury in Po	ort I or Port	II of item 1	18.)				
ACE OF INJURY (Home, farm, clory, street, office bldg., etc.)		or town)			(County)		(Stote)
accurred at 5:00F	M, from		ses a	nd on t		te state	

	64	89	CERTI	FIC	ATE OF DEAT	Н		Reg. Dis	1. No.	
D. COUNTY	Balto.		MARY	LAND	2. USUAL RESIDENCE (W	here deceased l	ived. If institution b. COUNTY	n: Residenc		nission)
b. CITY OR TOW RURAL and give Catons	(N (If outside corporate ling) ve neorest town) ville	nits, write c.	LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF 52 Catonsvi		te limits, write RL	JRAL ond gi	ive nearest to	own)
OR INSTITUTION	OSPITAL (If not in hospital, ON urel Hill L		dress)	1.1	/ d. STREET ADDRESS 601 Laur	el Hill	Lane		10	RESIDENCE I A FARM?
3. NAME OF DECEASED (Type or print)		irst ERMAN	Middle GEOR	GE	MENZEL.	4. DATE OF DEATH	Mont Ju		Doy 16,	Year 19 59
s. sex male	6. COLOR OR RACE	7. MARRIED			8. DATE OF BIRTH Mar. 26, 189		AGE (In years lost birthday)		YEAR IF UN Days Hou	-
during most of Salesm	working life, even if retire	d)	of Business or rend Bros		STRY 11. BIRTHPLACE (SION		ntry)	12. CITI	ZEN OF WH	AT COUNTRY
Oscar					14. MOTHER'S MAIDEN Elizabet		lbeck			
15. WAS DECEASED  Yes, no. or unknown)	EVER IN U. S. ARMED FO	RCES? 16. SO	CIAL SECURITY NO 6-09-8408		rs. B. Ruth M	enzel -	601 Lat		Hill L	ane
	DEATH [Enter only one of DEATH WAS CAUSED BY IMMEDIATE CAUSE	o) Acut			clusion				INTERVAL ONSET AN	
gove rise to	ing the <u>under-</u>	b) Coro	mary Sele	ros	is				6 yr	8.
PART II.	OTHER SIGNIFICANT CO				NOT RELATED TO THE TERM			EN IN PART	PER	S AUTOPSY FORMED?
	WAS UNDERLYING  ING CAUSE OF DEATH TIFY MEDICAL EXAMINER	20b. DESCRI	BE HOW INJURY OF	CCURRE	D. (Enter nature of injury in	Port I or Port II	of item 18.)			
20c. TIME OF IN Hour o. p.	m. 10	While	RY OCCURRED Not while of work	20e. PL. for	ACE OF INJURY (Home, fari clory, street, office bldg., etc	n, 20f. (City o	r town)	(Co	ounty)	(Stote)
21. I certify alive on					, 19.47, to_1 accurred at_5:00	PM, from ADDRESS (Sire	the causes a et, city or town, s	nd on the	e date sta	
PHYSICIAN'S NAME (Type)	Leo J. Gave	r, M.D.			Balt imor	e 29, M	d.			
20. BURIAL, CREMA REMOVAL (Spec			2c. NAME OF CEME Balto Na			22d. LOCATIO	N (City, town, o		(S	lote)
3. FUNERAL DIRECT	FOR'S SIGNATURE	er to	ADDRESS	Sa	17 1-1	D BY REGISTRA	R 24b. REGIS			

. 7	the state of the s		A STATE OF STREET
Cook Felly All Links			
		s 48 toyelis I	the Building
43	MENURAL SELECTION		
	VIII. The State of	A ANNA THE SECOND	
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deoth: Page 4

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of

the ottending physician and completely filled Then please remove carbon papers. Pages I seent within 72 hours other death.

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6490

CERTIFICATE OF DEATH

06480

0,20	0			Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (When	re deceased lived. If institution b. COUNTY	n: Residence before admission)
b. City Or Town (if outside corporate limits, write RURAL and give nearest lown) Mt. Wilson, Maryland	e c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF OUT  52 Cato M	tside corporate limits, write RU	IRAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give struck in National Mt. Wilson State Hosp:		d. STREET ADDRESS	Garmouth	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print)	Middle Sidne V	Millan G M	4. DATE Month OF DEATH	22 50
144	ARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH	9. AGE (In years	IF UNDER I YEAR IF UNDER 24 HRS. Months Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done 1 during most of working life, even if retired)	ob. KIND OF BUSINESS OR INDU	1 6 11		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME MYER M	illman	14. MOTHER'S MAIDEN NA	cca abe	>//
15. WAS DECEASED EVER IN U/S. ARMED FORCES? [Yes, no. or unknown) [If yes, give wor or dates of service]		NFORMANT Spital Records	Addro Mt. Wilson	State Hospital
18. CAUSE OF DEATH [Enter only one couse pe PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	r line for (o), (b), and (c).	ary Tubo	reulosis	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse tost.  DUE TO  DUE TO  (b)  DUE TO				
PART II. OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	AL DISEASE CONDITION GIVE	N IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
OR CONTRIBUTING   CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Po	rt I or Port II of item 18.)	
Hour o.m. Wh	I.a.	ACE OF INJURY (Home, farm, tory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I attended the dece alive an January 19, 15  ACTUAL SIGNATURE WILLIAM NEWCON NAME (Type)  PHYSICIAN'S William Newcon	259, and that death	occurred at L.S.F.A.	M, from the causes and DDRESS (Street, city or town, st., Maryland	that I last saw the decease ad an the date stated above tote) DATE SIGNE
220. BURIAL, CREMATION, REMOVAL (Specify)	22c. NAME OF CEMETERY O	Superintend	1911 Cocation (City, town, or	county) (Stole)
23. FUNERAL DIRECTOR'S SIGNATURE	Hory - Calonson	COM DATE JUN		IRAR'S SIGNATURE

TO HOSPITAL OR TENDING PHYSICIAN: The law requires that may be retained the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 should be detached far use as the burial-transit permit. The registrar prior to burial, cremation, or remayal, and in any error.

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VS A15 (4) 1SM 10/57

MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE,	18
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06481

**CERTIFICATE OF DEATH** 6491

Ren Dist No

	020	ellina .							Mag. DI	31. 110.		
1. PLACE OF DEATH a. COUNTY	altimore		MAR	YLAND		DENCE (Wh		l lived. If institut b. COUNTY		ce befare	admissian)	
b. CITY OR TOWN ( RURAL and give n	(If outside corporate limited rest town)	ts, write	c. LENGTH OF STAY	( IN 16	c. CITY OR	TOWN (If o	utside corpor	rate limits, write l	RURAL and	give neares	I town)	
Fort Howa	rd		5 Days		В	altim	ore (]	17)	3 VO.	1-4		
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, s	ive street	address)		d. STREET A	ADDRESS				e.	IS RESIDEN	NCE PM2
	Administrat	ion	Hospital		1	706 F	ulton	Avenue			ES N	
3. NAME OF DECEASED	Fi	si	Middle	е	Las	st	4. DATE OF	Mod	nth	Day	Yeor	
(Type or print)	MANI		-		MOOD	Y	DEATH	June		17	19	59
S. SEX		7. MARE	NEVER MARR	IED 🔲 B	. DATE OF BIRT	Н	337	9. AGE (In years last birthday)	IF UNDER Months	1 YEAR IF		
Male	Negro	WIDOWI	-	-	April	1, 18	90	69 yrs.	Months	Doys H	lours	Min.
10a. USUAL OCCUPATI during most of wor	ON (Give kind of work king life, even if retired	dane 10b.	KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHPE	LACE (Stote	ar foreign ca	ountry)		IZEN OF V	WHAT CO	UNTRY
Laborer			Farming		Midd	llesex	Co.,	Virginia	a l	J.S.A.		
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME					
Carty Moo						se Gr	esson					
15. WAS DECEASED EVI	ER IN U. S. ARMED FOR	ervice)			FORMANT			Add	ress			
Yes	WW I		212-14-232	8 C	inical	Rec.	VA Hos	pital.	Y. Ho	ward	Md.	
18. CAUSE OF DE	ATH [Enter only one co	use per li	ne far (a), (b), and (c)	.]						INTERV	AL BETWE	
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	CAR	CINOMA OF	HEAD	OF PANC	REAS T	WITH O	BSTRUCT	WE	UNKN	IOWN DE	ATH
157x			NDICE									
Conditions, if c		,								-		
gave rise to couse (a), stating	mmediate (											
lying cause last.	(c	)	and the latest							1 13		
PART II. OT	HER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DE	ATH BUT I	NOT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PAR		PERFORME	OPSY D?
PART II. OT	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED	. (Enter nature a	of injury in P	ort I or Part	II of item 18.)			2 14	2 LJ
3 20c. TIME OF INJUR	RY Month, Day, Ye	or 20d. It	NJURY OCCURRED	20e. PLA	CE OF INJURY I	Home, form,	20f. (City	or tawn)	10	County)		(State)
20c. TIME OF INJUI Hour a.m. p. m.	19	While of world	Not while	fact	ory, street, office	e bldg., etc.				,		
	nat <b>V</b> Attended the			72	1050	. To	no 35	2		100000000000000000000000000000000000000		
					, 1923	_, 10_ <u>11</u> 1	ue T	7, 1959.	13000	OCCOR	decie	14001
d/me/mococc	000000000000000000000000000000000000000		COC_, and that	death	accurred at			the causes ( reet, city or town,		he date		
ACTUAL &	1 411/	1	Thank		TIA LI						DATE:	SIGNED
SIGNATURE	has a. C	your	Horal .	N	D. VA 13	ospiti	LL, PU	. Howard	, MACI		5/ 78/	29_
PHYSICIAN'S NAME (Type)	JOHN W. CRA	WFOR	D, M.D.		VA H	ospita	al, Ft	. Howard	, Md.	6	5/18/	59
22a. BURIAL, CREMATIC REMOVAL (Specify)			22c. NAME OF CEM					ION (City, town,			(State)	
Burial	0-55-1	959	Baltime	ore N	ational	Cem.	Balt	imore, N	arvla	nd		
23. FUNERAL DIRECTOR	'S SIGNATURE	1. 1	BO8-10"N.	Monro	e St.	24a. REC'D	BY REGISTI	RAR 24b. REGI	STRAR'S SIC	SNATURE		
Phlongton	I delly		altimore 1		-	DATEJUN	2 4 '59	Ciri	ing S. ?	Timed	1	
ARLINGTON	S. PHILLET											

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VS A1S (4) 1SM 10/S7

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

1. PLACE OF DE a. COUNTY		altimo	20	MAR	YLAND	2. USUAL a. STAT			l lived. If institu b. COUNT		ce before adr	nission)
	OWN (If outside carp f give nearest town)			LENGTH OF STA	Y IN 16	c. CITY	OR TOWN (If o		ote limits, write	RURAL ond	give nearest to	own) V
KOKAE OIIO	Tow:	con					Bal time	222.0	1	3 V n 1	11	
d. NAME OF	HOSPITAL (If not in		street odd	dress)		d. STRE	ET ADDRESS	n.e		0.01	e. IS	RESIDENCE
OR INSTITU	Towson (	lony.	Home		1		1 001	Relmar	Ave		10	NA FARM?
3. NAME OF		First	1111111	Middl	le		Last	4. DATE		onth	Doy	Yeor
OECEASED (Type or print	1)	Lei	la	F.		Morri	S	OF DEATH		June	20.	1959
5. SEX	6. COLOR	OR RACE 7.	MARRIED	NEVER MARE	RIED 🔲	B. DATE OF	BIRTH		9. AGE (In year	IF UNDER	1 YEAR IF U	
Femal	e Wh	ite w	IDOWED	DIVORC	ED 🔲	Oct.	16. 189	2	lost birthday		Days Hou	rs Min.
10a. USUAL OCC	CUPATION (Give kind of working life, ever	of work dor	ne 10b. KIN	ND OF BUSINESS	OR INDUS			or foreign co		12. CIT	IZEN OF WH	AT COUNTRY
Compto	meter Oper	rator		U.S. Go	vit.	14. MOTH	Chance				US	Α
	Gustavus	B	Tames				Elic	zabeth	Kellv			
15. WAS DECEAS	SEDEVER IN U. S. AI	RMED FORCE	57 16. 50	CIAL SECURITY N	O. 17. II	NFORMANT		aabe on		idress		
No				-18-5704	Mr	Henr	y W. Mor	rris	1271 Be	lmar A	ve.	
PART 420 Candition	OF DEATH [Enter of T.I. DEATH WAS CAL IMMEDIATE of the control of	JSED BY: CAUSE (o) DUE TO (b)	Suba	ia (o), (b), ond (c	iel E	mars lord	hege 3/ p	Barley	us		INTERVAL ONSET AT Whent	
lying cous	stating the <u>under-</u> e lost.  II. OTHER SIGNIFIC	(c)ANT CONDIT	TONS CON	NTRIBUTING TO D	EATH BUT	NOT RELATE	D TO THE TERMI	NAL DISEASE	CONDITION G	IVEN IN PAR	PER	AS AUTOPSY FORMED?
200. ACCIDE	ENT WAS UNDERLYII BUTING CAUSE C NOTIFY MEDICAL EX	NG [] 20 OF DEATH AMINER)	b. DESCRI	BE HOW INJURY	OCCURRE	). (Enter nati	ere of injury in f	Part I or Part	Il of item 18.)		113	
20c. TIME OF	FINJURY Month, a. m. p. m.	Day, Year	20d. INJU While of work	Not-while of work	20e. PLA	CE OF INJU	IRY (Home, form, office bldg., etc.	20f. (City	or town)	(0	County)	(State)
21. I cert	ify that I atten	ded the de	eceased	-					6, 19_5			
alive on_	Alast.	00	19.27	, and tha	t death	occurred	at Py		the causes		ne date sta	DATE SIGNED
SIGNATURE	Juli	121	wu	000		M.D	10 Y	8 0	eerr	aven	134x	9
PHYSICIAN'	: Hall	2005	Me	blest			440	8 Lo	ch Ran	un l	3lre	
220. BURIAL, CRE REMOVAL (S Burial		E THEREOF	L959 2	2c. NAME OF CEA Park		CREMATOR	RY		ion (City, town		d.	lote)
23 FUNERAL DIR	RECTOR'S SIGNATUR	1	40	ADDRESS		1	24a. REC'E	BY REGISTS	RAR 24b. REC	GISTRAR'S SIC	SNATURE	
assaku	Duner	all h	CYX. E	7401	Bel	with	DATE JU	JN 2 4 '5	59 (	Irthur S	Krous	

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	64	93	CERTIF	-ICAII	E OF D	EAII	1		Reg. [	ist. No		
PLACE OF DEATH     O. COUNTY	Baltimore		MARYL	AND 2.	usual residi a. STATE Md.	ENCE (WI	here decease	d lived. If institu b. COUNT		ence befo	ore admis	sion)
b. CITY OR TOWN RURAL and give	(If autside corporate limit	s, write	c. LENGTH OF STAY I	N 16		timo		rote limits, write	RURAL one	give ne	arest tow	n)
d. NAME OF HOSP OR INSTITUTION	301 W. Ches	re detrapeal	ce Ave.		d. STREET AD		thorne	Road				FARM?
3. NAME OF DECEASED (Type or print)	Firs Rowe		Middle West		Naylor		4. DATE OF DEATH	June	onth	28,	•	Yeor 19 59
fema le	Territoria di de la	7. MARRI WIDOWE	ED NEVER MARRIED		ATE OF BIRTH	1881		9. AGE (In years lost birthdoy)	Months	R 1 YEAR		R 24 HRS. Min.
10a. USUAL OCCUPAT during most of wo NOUS OW 1	ION (Give kind of work d king life, even if retired)	one 10b. i	KIND OF BUSINESS OR	INDUSTRY		CE (Stote			12. C	ITIZEN C	OF WHAT	COUNTRY
3. FATHER'S NAME W1.	lliam Christ	opher	West	1	Dorcas	_	Wena	Caughy				
15. WAS DECEASED EV (Yes, no. or unknown)	(ER IN U. S. ARMED FORCE (If yes, give wor or dates of se	TES? 16. S	SOCIAL SECURITY NO.	17. INFO	RMANT Lawrence	e Na	ylor	109 Chu	dress rohwa:	rden	s Ros	ad
PART I. DE 4493 X Conditions, if gave rise ta cause (a), stating lying couse lost	the under-	ai	teris seles	MS.						3	SET AND CLESS Y-L	s S
200. ACCIDENT W	THER SIGNIFICANT CONE  (AS UNDERLYING    G   CAUSE OF DEATH  Y MEDICAL EXAMINER)	ulter	RIBE HOW INJURY OC						IVEN IN PA	RT 1(0)	PERFC	AUTOPSY PRMED? NO
20c. TIME OF INJU Hour c. ft. p. m.	10	r 20d. IN While of work	Not while	Oe. PLACE factory,	OF INJURY (He street, office I	ome, farm oldg., etc	n, 20f. (City	ar town)		(County)		(State)
21. I certify to alive an	hat I attended the	decease , 12 Glu	and that of	death occ	********		ADDRESS (SI	n the causes treet, city ar town	and an		te state	
22a. BURIAL, CREMATI	ON, 22b. DATE THEREOF		22c. NAME OF CEMEN Druid Ric		EMATORY			NON (City, town, sville,	ar county)		(Stat	e)
23. FUNERAL DIRECTOR John O. Mi	rs signature .tchell & Soi	as In	ADDRESS C. 1900 Eut	aw Pl	ace	ATE J	D BY REGIST		ISTRAR'S S			

TO HOSPITAL OR A ENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death: Page 4 may be retained the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the ronneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

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VS A15 (4) 15M 9/55

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	the state of the		
	1-257		THE RESERVE AND VALUE TO THE PARTY AND ADDRESS OF THE PARTY ADDRESS OF THE PARTY ADDRESS OF THE PARTY ADDRESS OF THE PART
			No mile partie
years of the tree	1005	Jer	on a series parties
	Contact Shell	100 E 40	to hame a literature of the high

X	
	1. PLACE OF DEATH o. COUNTY
	b. CITY OR TOWN (If a RURAL ond give neo Rural
X	d. NAME OF HOSPITA OR INSTITUTION
	3. NAME OF DECEASED (Type or print)
	S. SEX

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6494 CERTIFICATE OF DEATH 6494

Reg. Dist. No. 07651

	PLACE OF DEAT	H.			TEMPEN.		2. USUAL RESID	ENCE (Whe	re deceased	lived. If institut	ion: Reside	nce befor	e admissio	on)
	0. COUNT	Bal	timo:	re	M	ARYLAND	o. STATE	Id.		b. COUNTY	Balt	imo	re	
		re neorest town	)		c. LENGTH OF ST		N			rote limits, write	RURAL ond	give neo	rest town)	
	Rural		ghto			rs.	∧ Balti		15,	Md.				
	d. NAME OF HO OR INSTITUTION	ON	in hospital, g	jiva street	oddress)		6509 A	Armst	rong	Ave.			ON A I	FARM?
3.	NAME OF		Fir	st	Mid	dle	Lost		4. DATE	Мо	nth	Da	y Ye	eor
	DECEASED (Type or print)	Jack		R	ichard		Nelson	1	OF DEATH	June		29.	10	9 59
S.	SEX	6. COLO	R OR RACE		RIED T NEVER MA	RRIED 🗍	B. DATE OF BIRTH		5	9. AGE (In years			IF UNDER	
	Male	Wh	ite	WIDOW	ED DIVO	RCED [	Sept.1.	11/88	6	lost birthday) 73 yrs		Days	Hours	Min.
100	. USUAL OCCUP	ATION (Give k	nd of work	done 10b.	KIND OF BUSINES	S OR INDU		CE Store d	r foreign co	ountry)	12. CI	TIZEN O	F WHAT C	COUNTRYP
	during most of Gua	19	en ir retired		d. House	OfCor	rect	Re	d Ro	ck. Texa	s	U.S	. A.	
13.	FATHER'S NAME						14. MOTHER'S							
		John F	bvo F	Nel	son		S	Sarah	-					
	WAS DECEASED	EVER IN U. S.	ARMED FOR	CES? 16.	SOCIAL SECURITY	NO. 17. II	NFORMANT	011		Balte	des Ore	15	.Md.	
(Ye	NO. or unknown)	Non	or or dates of s	-	20-07-12	239Mr	s. Emil	y J.	Nels	on,6509			-	ve.
	18. CAUSE OF	DEATH [Enter	only one co	use per li	ne for (a), (b), and	(c).]				,	-	INTE	RVAL BET	WEEN
	PART I.	DEATH WAS C	AUSED BY: TE CAUSE (c	)	Chi	ron1	c My	a ca	ndi	+15		ONS ONS	WK.	
	4 xc	. /	DUE TO	•	0		/	1	,			de	11	
		if ony, which		)	(,0	V-01	lary ,	Thro	nebo	315		3	WK-	21
		o immediate ing lhe <u>under-</u>					11 / 1	n 1	- /			1	2 WM	-
_	lying couse le		) (c	)(	OCH	eral	IZEA /	yry,	Sc/C	1-0515		10	7/-	1
CATION	PART II.	OTHER SIGNIF	ICANT CON	DITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO	THE TERMIN	IAL DISEASE	CONDITION GI	VEN IN PAI	RT 1(o) 1	WAS AN	UTOPSY MED?
₹ U					1449	C+78	HSIOH		4270				YES 🔲	
CERTIF	20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLY ING CAUSE	YING  OF DEATH EXAMINER)	20b. DES	CRIBE HOW INJUR	OCCURRE	). (Enter noture of	injury in Po	ort I or Part	II of item 18.)				
MEDICAL	20c. TIME OF IN Hour o. p.		Day, Ye	While	NJURY OCCURRED  Not while	20e. PL/ foo	CE OF INJURY (H tory, street, office	lome, farm, bldg., etc.)	20f. (City	or town)		(County)		(Stote)
	21. I certify	that Latte	nded the	-deceas	ed fram. A.4	19.15	1053	, 10. J.	ive à	29 19 5	Lihat 1	lost so	w the d	lacageed
	alive an		291	19.		at death	accurred at							
		/	6		177		accorred dig			reet, city or town,		ne uui		E SIGNED
	ACTUAL SIGNATURE	Tance	ell	·OHL	ellen	Di),	M.D	331	Bei	stersto	unz	d	61	305
	PHYSICIAN'S	1		- 1										
	NAME (Type)	Jame	s A.	Mil	ler,M.D		Pike	svil	le 8	Maryl	and			
220	BURIAL CREMA	TION, 22b. D	ATE THEREC	)F	22c. NAME OF C	EMETERY O	CREMATORY	- :	22d. LOCAT	ION (City, town,	or county)		(Stote)	
	Buria	i" Jul	у 1.	1959	Druid	Ridg	e Cemet	tery	Pik	esville	8,	Md.		
23.	FUNERAL DIRECT	OR'S SIGNATI	JRE 1		A.BORESS)	4 1	11 -1 11	76. REC'D			STRAR'S SI			
0	many	24.	110	will	1 Out	esville	-8 MK	DATE JUI	L 1 0 '5	9 4	nimin &	, / Com	ALZ.	

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6495

06484

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

a. COUN		Baltimore		MARY		o. STATE Mar	here deceased y land	d lived. If instituti b. COUNTY		ti.mo		ion) /
b. CITY	OR TOWN	If outside corporate limits earest town)	s, write c. LE	NGTH OF STAY	IN 1b	c. CITY OR TOWN (IF	autside carpo	rate limits, write R	URAL and	give nec	arest town	)
C	atons	rille	23	rllmthl	9dys	Baltim	ore	3	YOI	- 4		
d. NAM	OF HOSPI	TAL (If not in hospital, gi	ve street oddres	is)		d. STREET ADDRESS			- 90		e. IS RESI	DENCE FARM?
SPRIN	G GRO		HOSPITA			1417 Wentw		oad				NO 🔀 ·
3. NAME C DECEASI (Type or	D	First Lillian		Middle B.		Nelson	4. DATE OF DEATH	June		Do	•	Yeor 19 <b>5</b> 9
5. SEX			7. MARRIED	NEVER MARRIE	D 13 8. 0	ATE OF BIRTH		9. AGE (In years		1 YEAR	IF UNDE	
fema		white	WIDOWED [	DIVORCE	D Au		7	lost birthdoy)	Months	Days	Hours	Min.
during	most at wat	ON (Give kind of work d king life, even if retired)	one 10b. KIND	OF BUSINESS OF	R INDUSTR	11. BIRTHPLACE (State	e or foreign co	ountry)	12. CI	TIZEN O	F WHAT	COUNTRY
		rapher	CCE	XXXXXX		Mary.	land		I	J. S	. A.	
13. FATHER					J. C.	4. MOTHER'S MAIDEN	NAME		110.3			
	John !	Nelson				Mary	Tribi	111				
15. WAS DE	CEASED EVE	R IN U. S. ARMED FORC	ES? 16. SOCIA	L SECURITY NO.	17. INFC	RMANT		Add	ress			
unko		(if yes, give war or dates or ser		07-9314	Reco	rds: SPRIN	IG GRO	VE STAT	E HO	SPI	TAL	
gave cause lying	93X itians, if a rise to i (a), stating cause last.		Uni	Imonary resolved	pneu	monia	MNAL DISEASE	E CONDITION GIV	EN IN PAR		Week	SS?
NATION NATIONAL PROPERTY NATIO		Generalized									PERFOR	RMED?
₹ 20c. TIN	CCIDENT WANTRIBUTING EER, NOTIFY IE OF INJUR OUT O. m. p. m.	MEDICAL EXAMINER)	20d. INJURY		20e. PLACE	OF INJURY (Home, form, street, affice bldg., et	m. 1 20f. (City		{(	County)		(Stote)
		at I ottended the		7.3	6.	. 19 56 ta	6/28	10 50	that I	last so	and the	deceased
alive ACTUA SIGNAT	on	Jus Stella 1	Vacu		deoth od	curred at 3 1/4	ADDRESS (St	reet, city or town,	ind an ti		te state	
PHYSIC NAME	(Type)	STELL	AL	NAC	451	ER Cator		28, Mar	yland	1 (	6/2	8/59
	, CREMATIC AL (Specify) Mati. OI	1 1- 1-1-	22c.	NAME OF CEME		ematoryl Park Crem.		Balto.	or county)		(Stote	)/
		S SIGNASURE SIEM	rer 9	ADDRESS JOUR	- Ba	eto 24a. REGI		RAR 24b. REGIS	TRAR'S SIC	Hank	tE.	DIE!

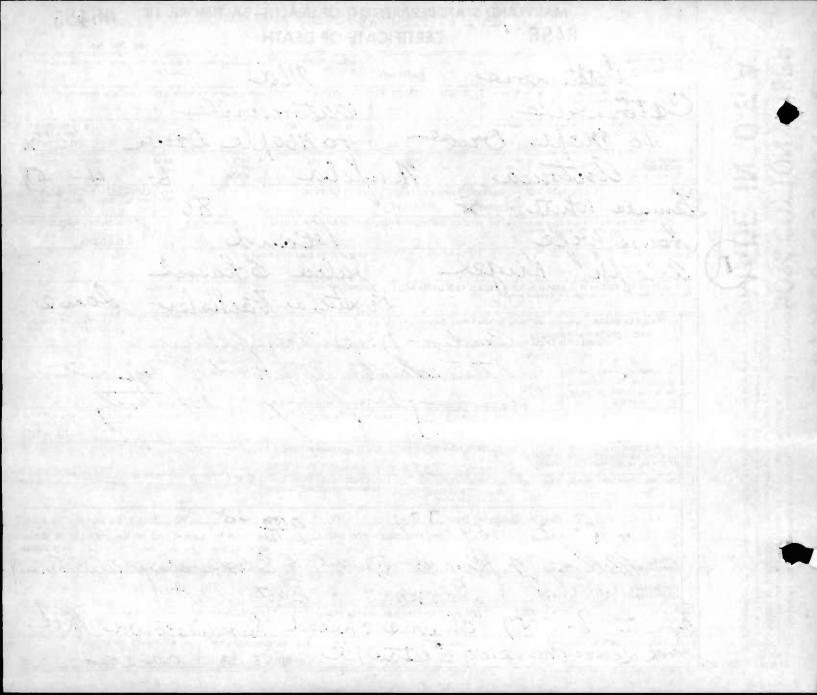
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SESSE OF THE CHILD AND THE SESSEN . . . resulting Personal Control of the Co

VS A15 (4) 1SM 9/SB

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3496 CERTIFICATE OF DEATH 6496

CERTIFICATE OF BEATTI	Reg. Dist. No.
MARYLAND 2. USUAL RESIDENCE (Whee	b. COUNTY
ength of stay in 1b c. gay or town (if our	utside corporate limits, write RURAL and give nearest town)
d. STREET ADDRESS 40 Maj	le brue . Is residence on a Farmi
Menfeld.	4. DATE Mogth Day Year OF DEATH 6- 195
NEVER MARRIED   JOATE OF BIRTH	9. AGE (In years of theory) yrs. IF UNDER 1 YEAR IF UNDER 24 H
OF BUSINESS OR INDUSTRY 11. BIRTHILACE (Stole o	or foreign country) 12. CITIZEN OF WHAT COUNTR Poland
Julia Z	hassel
Security No. Se Stella A	Tachsler- Lame
(o), (b), and (c).] Peraintary	INTERVAL BETWEEN ONSET AND DEATH
isclante Mikek	Sardevil Degen stres
nang Insufferency	à hypertrash
RIBUTING TO DEATH BUT NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PART 116 19. WAS AUTOPED PERFORMED? YES NO [
HOW INJURY OCCURRED. (Enter noture of injury in Po	ort   or Port    of item 18.}
OCCURRED Not while of work   20e. PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	20f. (City or town) (County) (Sta
and that death accurred at 9	M, from the couses and on the date stated above
	ADDRESS (Street, city or town, stote)  DATE SIGN
Bryson Bal	to 29, mg
NAME OF CEMETERY OR CREMATORY	22d OCATION (City, town or county) (Stote)
havas chesed	Kandolstown Rd
	MARYLAND  O. STATE  NGTH OF STAY IN 1b  C. COY OR TOWN (If or CATACHER)  O. STREET ADDRESS  HO MUA  Middle Las  Mi



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MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
6497	CEDTIEICATE OF DEATH	

CEDTIEICATE OF DEATH

	CERTIFICA	AIL OF BLAIR	Reg	g. Dist. No.
1. PLACE OF DEATH  0. COUNTY BULTINORE	MARYLAND	2. USUAL RESIDENCE (Where dece	b. COUNTY	esidence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  \$\frac{1}{2} \lefta L \tau I I I O I R L	c. LENGTH OF STAY IN 16	C. CITY OR TOWN (If outside co		ond give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION 3439 LIBERTY EQR	oddress)	3439 LIBER1	_	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)  A RON	Middle	EUMAN 4. DAT	/	Day Year 1959
5. SEX 6. COLOR OR RACE 7. MARK	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy) Mor	NDER 1 YEAR IF UNDER 24 HRS. 11ths Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	MILO (	STRY 11. BIRTHPLACE (State or foreign AUSTRIS)	n country) 1:	2. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
	11-30 1010 11	NFORMANT RBERT B. Rudo	Address 4404 /	Maine Ave
18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  4.20	HeNERALL	CORONARY ZED ARTER	GCCLUSIO LOSCLERO	
PART II. OTHER SIGNIFICANT CONDITIONS (  20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or	Port II of item 18.)	
ZOc. TIME OF INJURY Month, Doy, Year 20d. II Hour o. m. 19 While of wor	Not while fo	ACE OF INJURY (Home, form, 20f. (ctory, street, office bldg., etc.)	City or town)	(County) (Stote)
21. I certify that I attended the deceas alive an 5/24 , 19  ACTUAL SIGNATURE NORMAN R  PHYSICIAN'S NAME (Type) NORMAN R	ed fram $2-15$ $9$ , and that death $1$ $1$ $1$ $1$ $1$ $1$ $1$ $1$ $1$ $1$	ADDRESS	m the causes and or is (Street, city or town, state)	\$ AVE 6/1/5
220. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL (Specify) 6-2-1959	22c. NAME OF CEMETERY C	1 " 1	CATION (City, town, or cou	Mo
23. FUNERAL DIRECTOR'S SIGNATURE Jack Leurs Duc - 2100 E	EUTHW PLOC	24a. REC'D BY REC DATEJUN 2		S. Kinna

and the second of CONTRACT SALES OF THE Value of the State of the S AND THE RESIDENCE OF THE PARTY Market and advantage of the property of the second Little / Market A. A. Star Dear Company 

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MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
6498	CERTIFICATE OF DEATH	P

06487

	6498		CERT	IFICA	ATE OF DEA	ТН			Reg. I	Dist. N	0.	
BE BE	altimore		MAR	YLAND	2. USUAL RESIDENCE o. STATE Man	Where o		l lived. If institut b. COUNTY	ion: Resid	ence be	fore admiss	ion)
b. CITY OR TOWN (If RURAL ond give neo	outside corporate limi	its, write c	LENGTH OF STAY	IN 1b	c. CITY OR TOWN	If outsid	de corpoi	ote limits, write	RURAL and	d give n	earest town	)
Catonsvil		2	yr6mth27	dys	X Pikesvi	lle	, Ma	ryland				
d. NAME OF HOSPITA OR INSTITUTION	(If not in hospital, g	give street od	dress)		d. STREET ADDRESS						e. IS RES	IDENCE FARM?
affiliation to the second seco	VE STATE	HOSI	PITAL		White Hal	1					1 -	NO 🗆
NAME OF DECEASED				e	Last		DATE	Мо	Month D		Day	<b>Геог</b>
(Type or print)	Mar	У	Maude		Norris		DEATH	Ju	me	4		19 59
ALC: VIEW PROPERTY	6. COLOR OR RACE	7. MARRIEI	NEVER MARR	IED 🔲	8. DATE OF BIRTH			9. AGE (In years lost birthdoy)	IF UND		R IF UNDI	R 24 HRS. Min.
female	white	WIDOWED			41	368		90 yrs				
la. USUAL OCCUPATION during most of working	I (Give kind of work g life, even if retired	done 10b. KII	ND OF BUSINESS	OR INDU	STRY 11. BIRTHPLACE (SI	ote or fo	oreign co	ountry)	S - 1779		OF WHAT	COUNTR
housewife				1/02		ryl			U	. S.	. A.	
, FATHER'S NAME	n D ,				14. MOTHER'S MAIDE							
	Parks				Anna	Tac	ord					
(es. no. or unknown) [ (if	IN U. S. ARMED FOR yes, give wor or dates of s	envice)	CIAL SECURITY NO		NFORMANT				ress			
inknown		Ur	known	R	ecords: SPI	UNG	GH	OVE STA	ATE	HOS.	PITAL	
gave rise to im cause (a), stating th lying couse last.	Conditions, if ony, which gave rise to immediate cause (a), stating the under-lying couse last.    DUE TO Generalized arterior lerveis 42an											
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  Linguic brain syndrowle ancieted with carebral arterial leady YES NO PORTON TRIBUTING OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)												
20a. ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY N	CAUSE OF DEATH	200. 0130	DE THO IV WOOK! C	J CCO KKE	b. (Eller holore of hijory							
20c. TIME OF INJURY Hour a.m. p. m.		While	URY OCCURRED Not while	20e. PL	ACE OF INJURY (Home, force), street, office bldg.,	orm, 2 etc.)	20f. (City	or tawn)		(County	y)	(Stote)
21. I certify tha	t I attended the	deceased	from May	7 26	, 1959 , ta	Į.	ung	H 195	Lithat	l last	saw the	decease
21. I certify that I attended the deceased from MBY 20, 1959, to WNO 14, 1959, that I last saw the deceased alive an NAME 14, 1959, and that death accurred at 335 A.M. from the causes and on the date stated above.												
0.	7)	0		1				reet, city or town				ATE SIGN
A CTUAL	15	- /K 6	avaus.	Kaz	MO. SPRING	GRO	VE	STATE H	IOSPI	TAL	6-	1-59
ACTUAL SIGNATURE	nuo											
	Bruno Rad	auskas	, M. D.		Catonsvi	lle	28,	Mary lar	nd			
PHYSICIAN'S	JOSE DATE THERECO		M. D. D. CEN  ZZC. NAME OF CEN  ADDRESS	AETERY O		220	d. LOCAT	10181 (City, Trown,	or county	//	(Stot	inst

DATEJUN 8

VS A15 (4) 15M 10/57

CAS MILE	BI STRUMITAR S-HITASH TO THEMSTARGESTARS CHALLENAM							
			TO NO BY ASSETT	PO CT	2			
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	2. 2. 2							

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FUNERAL DIR.

The 3 should be read to the standar prints. page may 10 VS A15 (4) 15M 9/58

PHYSICIAN'S NAME (Type)

22b. DATE THEREOF

220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Magnolia, Harford, Ebenezer Burial 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24g, REC'D BY REGISTRAR DATE JUN 1 7 '59

116488

Harford

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

(Stote)

NO [

(Stote)

Doys

U.S.A.

(County)

ON A FARM?

YES NO T

Year

19

Reg. Dist. No.

Months

START TO THE PROPERTY OF THE OWNER OWN 2 4 4 en Med autored syland 1.3/1/1/1/2 1/2/12 The state of the s Magnalia, Burford, E His., Surfail 6/15/1959 Estateor A TENER OF THE STATE OF THE PROPERTY OF THE PARTY OF THE

HYASO TO BY ASIRTING AND THE RESIDENCE OF SHARE PROPERTY OF SHARE

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6502

CERTIFICATE OF DEATH

06491

	000	9			Reg. Dist. No.					
1. PLACE OF DEATH			2. USUAL RESIDENCE (Wh	ere deceased lived. If institution	: Residence before admission)					
0. CODIAIT	Baltimore		2. USUAL RESIDENCE (Who o. STATE Md.	b. COUNTY	Baltimore					
b. CITY OR TOWN	(If outside carporate limits, w	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	utside corporate limits, write RUF	RAL and give nearest town)					
	esville	6 years	X Baynesvill	Le. (Towson 4.	Post Office)					
d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in haspital, give		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?					
8531	Chestnut Oak	Road	8531 Chest	nut Oak Road	YES NOX					
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Day Yeor					
(Type or print)	Flore	nce M. Out	land	DEATH June	11 1959					
S. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS.					
Female	White W	DOWED DIVORCED	ABOUT 5/25/3		Months Days Hours Min.					
Oa. USUAL OCCUPATI	ON (Give kind of work done rking life, even if retired)	10b. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stole	ar foreign country)	12. CITIZEN OF WHAT COUNTRY					
	tician	Beauty Salon	Baltimor	re City Md.	U.S.A.					
3. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME						
	Michael Le	onard	(First nam	ne unknown) Fla	herty					
IS. WAS DECEASED EV	ER IN U. S. ARMED FORCES		INFORMANT	Addres	s					
no	(i) you give was as acres of its sec	216-09-0511 M	r. T. E. Outla	and, 8531 Chest	nut Oak Road					
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] [INTERVAL BETWEEN									
PART I. DE	PART I. DEATH WAS CAUSED BY: ONSET AND DEATH									
1122	1422 DUE TO Character of the service									
Conditions if	Conditions, if ony, which )									
gove rise to	immediate (									
lying cause lost,	couse (o), storing the under-									
	. (0)	ONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN	IN PART 1(6) 19. WAS AUTOPSY					
OIT .	arti	Tim huber	-le-and		PERFORMED?					
20g. ACCIDENT W	YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.)									
☐ OR CONTRIBUTION	G CAUSE OF DEATH	Jesember 110 Mily Cocconn	es. (emer notice of injury in t	on ror tar it or hem ra.,						
		20d. INJURY OCCURRED 20e. P	LACE OF INJURY (Hame, form,	20f (City or town)	(County) (Stote)					
Hour o.m.	,,,	While Nat while f	actory, street, affice bldg., etc.	)	(County) (Sione)					
¥ p. m.	", 10	of work of work		1/						
21. I certify t	21. I certify that I attended the deceased fram. 6/15, to 6/11, 1959, that I last saw the decease									
alive an	alive an, 19.5.9, and that death occurred at 11.17 M, from the causes and an the date stated above									
	ADDRESS (Street, city or town, stote)  DATE SIGNE									
SIGNATURE / M.D. 8523 Loch Rayon Blvd. Towson 4, Md. 6/ /										
PHYSICIAN'S	DIVERTIANTE									
NAME (Type)	Edward Gordo	n Grau, M.D.	8523 Loch I	Raven Blvd.						
	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, town, or	county) (Stole)					
REMOVAL (Specify BURIAL	6/13/59	Moreland Mem	orial Cemeter	Taylor Ave. B	alto. Co. Md.					
23. FUNERAL DIRECTOR	R'S SIGNATURE	ADDRESS	240. REC)	JINY REGISTRAR 246. REGISTI	RAR'S SIGNATURE					
6. Termon	Lemmon	4611 Park Hgts.	Balto Md DATEJUN	v 1 5 '59   Oxt	Long Sty Crayes					

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the Tuneral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove captor pages 1 and 2 should be filed with the registrar priar to burial, cremotion, or removal, and in any event within 72 hours after death. eath. Page 4 INDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

TO HOSPITAL OR VS A15 (4) 15M 10/57 (sold fall . I make) . ellerancel The property of the property of the second fit emi, from Parida . d conerali 1 6.180 DECEMBER 1 A RESIDENCE DISTRICT CONTROL OF THE PROPERTY O month of the state of the second District Cabilott STATE OF USE 1 THE STATE OF STATE STATE STATE AND ASSESSED TO A CONTRACT OF STATE OF the figure and the result of the state of th C. The appendix of the same and the same and the same A Part of the land of the land of the land of the land. 6/13/13 Wording Memorial Consists Invitor of the Color of

N. Charles

2224

SATEJUN 3 0 '59

116/149

CA	TE OF DEATH	1		Reg. Di			2
O	2. USUAL RESIDENCE (Who. STA Maryla)	ere decease	d lived. If institut b. COUNTY	ion: Resider	nce befo	ore admiss	ion)
b	c. CITY OR TOWN (IF o	utside corpo	prote limits, write l	RURAL and	give ne	arest fown	)
-	d. STREET ADDRESS					e. IS RES	DENCE
	41 York R	oad				ON A	FARM?
	Palmer	4. DATE OF DEATH	June :	39th	Do		rear 959
ו	aug 3- 1889	9	9. AGE (In years lost birthday) 9 yrs.	Months	Doys	Hours	R 24 HRS. Min.
IDUS	TRY 11. BIRTHPLACE (Stote	or foreign c	ountry)	12. CI	TIZEN C	OF WHAT	COUNTRY
	Chicago	Illa			U. s	3.A.	
	14. MOTHER'S MAIDEN N						
	Sibey Lo	vell					
	IFORMANT			lress			
M	rs Emma See	ed.	41 York	Roa	d,	Tow	son
0	releval	art.	Occli	sion	NO	ERVAL BE SET AND	TWEEN DEATH Mrs
_	iterios	cler	osis			14	e.
8UT	NOT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GI	VEN IN PAR	RT 1(a)	19. WAS	AUTOPSY
ر	uns ofa	ms	shoul	du	2	YES T	NO NO
RREE	Enter poture of idiury in P	art for Par	It II of item 18d	. &		200	0
PLA foo	CE OF INJURY (Home, form, tory, street, office bldg., etc.	20f. (Cit	y or town	Ball	County)		(State)
7	11 5 1	we	29, 195		lost s	aw the	deceose
ath	occurred at 3:30		m the couses of	and an t	he do	ite stote	d obove
	AD. 6900	1.	RfoR		Pel		
-	BALT	In	ORE	14,	n	1d,	
Y OI	CREMATORY	22d. LOCA	TION (City, town,	or county)		(Slote	=)

24b. REGISTRAR'S SIGNATURE

VS A15 (4) 1SM 10/57

4 Colar No. THE GRADING , fir & self son prolumer, bud ARTORd 1000 185 

M

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
	CERTIFICATE	OF DEATH	

CERTIFICATE OF DEATH

06493

100. USUAL OCCUPATION Give kind of working life, even if retired   100. KIND OF BUSINESS OR INDUSTRY   11. BIRTHFACE (Slote or foreign country)   12. CITIZEN OF WHAT COUNTRY most of working life, even if retired   12. MOTHER'S NAME   12. MOTHER'S NAME   13. FATHER'S NAME   14. MOTHER'S NAME   14. MOTHER'S NAME   14. MOTHER'S NAME   15. WAS DECEASEDEVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   17. INFORMANT   18. CAUSE OF DEATH (Enter only one couse per line for (o). (b). ond (c).]   18. CAUSE OF DEATH (Enter only one couse per line for (o). (b). ond (c).]   18. CAUSE OF DEATH (Enter only one couse per line for (o). (b). ond (c).]   18. CAUSE OF DEATH (Enter only one couse (o). storing the under couse (o)			0.00	4					Reg. Dist	t. No.	
RUAL and give increate town)  Lutherville  d. NAME OF HOSPITAL (If not in boughold, give street oddress)  311 W. Seminary Ave.  311 W. Seminary Ave.  SHAME OF HOSPITAL (If not in boughold, give street oddress)  311 W. Seminary Ave.  PARKER  LOUI 4. DATE OBATH OBAT	o. COUNTY			MARYLANI	0 9	TATE	Where decease				sion)
OR INSTITUTION 311 W. Seminary Ave.  311 W. Seminary Ave.  11 MANS OF DETAIL OF PARKER  12 MARRIED SHARED DIVORCED DIVOR	RURAL and give n	earest town)	its, write	c. LENGTH OF STAY IN 1	c. 0				RURAL ond gi	ve nearest tow	n)
1. NAME OF DECEASED (Type or print)	OR INSTITUTION			address)	d.		V. Semi	inarv Ave		ON	A FARM?
SEX   6. COLOR OR RACE   7. MARRIED   SEVER MARRIED   B. DATE OF BIRTH   1882   1985	NAME OF DECEASED	Fir	st		DAI	Lost	4. DATE OF	Moi	nth	Day	Yeor
12. CITIZEN OF WHAT COUNTY   11. BIRTHFACE (Stole or foreign country)   12. CITIZEN OF WHAT COUNTY   13. BIRTHFACE (Stole or foreign country)   12. CITIZEN OF WHAT COUNTY   13. BIRTHFACE (Stole or foreign country)   14. MOTHER'S MANDEN NAME   14. MOTHER'S MANDEN NAME   14. MOTHER'S MANDEN NAME   14. MOTHER'S MANDEN NAME   15. MOTHER'S MANDE   15. MOTHER'S MOTHER'S MANDE   15. MOTHER'S	. SEX	6. COLOR OR RACE	7. MARRI	IED NEVER MARRIED				9. AGE (In years	IF UNDER 1	YEAR IF UND	
HOUSEWITE at home  ACTUAL SCHARLE NAME  ATTHER'S NAME  ACTUAL SCHARLE STORMAND S. WAS DECEASED VER IN U. S. ARMED FORCES?  It is more and an analysis of the state of the stat		111111111111111111111111111111111111111								110013	,,,,,,,
S. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  Mr. W. Giles Parker — 311 W. Seminary Ave.,  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gove rise to immediate couse (o), stating the under  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  PART II. DEATH WAS UNDERLYING  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  PART II. DEATH WAS UNDERLYING  (c)  PART II. DEATH WAS UNDERLYING  (c)  PART II. DEATH WAS UNDERLYING  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  PART II. DEATH WAS UNDERLYING  (c)  PART II.	Housewi	king life, even if refired	done 10b. 1			Md.		country)	12. CITIZ	ZEN OF WHA	COUNT
S. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  Mr. W. Giles Parker — 311 W. Seminary Ave.,  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if any, which gove rise to immediate couse (o), stoling the under.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  PART II. DEATH WAS UNDERLYING  (c)  PART II. DEATH SIGNIFICANT MONTH OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTO-  PERFORMED  PERFORMED  20a. DESCRIBE HOW INJURY OCCURRED  While  Not while  ON TO CONTRIBUTING TO CAN THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  (c)  19. WAS AUTO-  PERFORMED  PART II. DEATH WAS UNDERLYING  (c)  19. WAS AUTO-  PERFORMED  PART II. DEATH WAS UNDERLYING  (c)  19. WAS AUTO-  PERFORMED  PART II. DEATH WAS UNDERLYING  (c)  19. WAS AUTO-  PERFORMED  PART II. DEATH WAS UNDERLYING  (c)  19. WAS AUTO-  PERFORMED  PART II. DEATH WAS UNDERLYING  (c)  19. WAS AUTO-  PERFORMED  PART II. DEATH WAS CAUSED  INTERPLAL SERVED  INTERPLAL	Edward	Walter Gil	es			Emma	S Ha	17			
IB. CAUSE OF DEATH   Enter only one couse per line for (o), (b), and (c).]   IB. CAUSE OF DEATH   Enter only one couse per line for (o), (b), and (c).]   PART I. DEATH WAS CAUSED BY:   IMMEDIATE CAUSE (o)   JOL 10   ONE of AND DEATH ONE OF AN	5. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16. S	SOCIAL SECURITY NO. 17	. INFORMA		U. Ha.		ress	Luthan	rill.
B. CAUSE OF DEATH   Enter only one couse per line for (o), (b), and (c)		(IT yes, give war or dates of s	ervice)		Mr. W.	Giles F	Parker	- 311 W			
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of the p.m. 19 Of the p.m.	Conditions, if a gove rise to i couse (a), stating lying couse lost.	ny, which mmediate the under-	)				* KA	Nedn	eq	8n	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of the p.m. 19 Of the p.m.	1241 11. 01	TER STOTAL COLO	DITIONS <u>C</u>	CITIKIBOTING TO BEATH B	OI NOI KEI	AILD IO THE TERM	MINAL DISEA	SE CONDITION GI	EN IN PAKI	PERFO	DRMED?
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of two w	20- 466105117.14	e in incriving Fi	not pres	20102 110111 11111111111111111111111111						YES	NO
21. I certify that Vattended the deceased from 2 17, 1959, to 6/10, 1959, that I last sow the deceased alive on 9, 1959, and that death occurred of 142 AM, from the causes and on the dole stated of ADDRESS (Street, city or 16th, stote)  ACTUAL SIGNATURE DEMONSTRATE AND AME (Street, city or 16th, stote)  PHYSICIAN'S NAME (Type)  20. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)  Birrial 6/12/59  Balto National Cem. Balto Md.		CAUSE OF DEATH	200, DESC	KIBE HOW INJURY OCCUR	IKLD. (Enler	nature of injury in	n Port I or Po	et II of item IS.)			
alive on 9 9, and that deoth occurred of 42 AM, from the causes and on the dole stated of ADDRESS (Street, city or 150th, state)  ACTUAL SIGNATURE DEMONSTRATE OF CEMETERY OR CREMATORY  PHYSICIAN'S NAME (Type)  22c. NAME OF CEMETERY OR CREMATORY  REMOVAL (Specify)  Birial 6/12/59  Balto National Ceme Balto Md.	20c. TIME OF INJUR Hour o. m. p. m.		While	Not while	PLACE OF I factory, stre	NURY (Home, for et, office bldg., e	rm, 20f. (Cit	y or town)	{Co	ounty)	(Stole
NAME (Type)  Co. BURIAL, CREMATION, REMOVAL (Specify)  Birial 6/12/59  Balto National Cem. Balto Md.	alive on	eat Yattended the	decease 192	34 110111	oth occurs  M.D. 19	1939, to 6 red oi/145		m the causes	ond on the		
Birial 6/12/59 Balto National Cem. Balto Md.	PHYSICIAN'S NAME (Type)										
	REMOVAL (Specify)		F						or county)	(Sto	(e)
MM. J. Schule & Sour Parto Date JUN 1 2'59 Orthur & Thurs	EUNERAL DIRECTOR	S SIGNATURE	red	Loup-	Bao	24a. REC	C'D BY REGIS	TRAR 24b. REGI			

BITAGO TO EMPLOYED 7/1 Little Bldg. Color, a Marcula Color District Color of Color mention and the second second

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

OF ALLA

**CERTIFICATE OF DEATH** 6505

		110	4	3	4
	29	1		-	-1
Req.	Dist.	No.			

1. PLACE OF DEATH o. COUNTY	Baltimore		MARYI	AND	2. USUAL o. STAT	RESIDENCE (W		ed lived. If instituti b. COUNTY		ce before	odmissi	on)
b. CITY OR TOWN (If RURAL and give ne	outside corporate limi orest town)	ts, write	c. LENGTH OF STAY I	N 16				prote limits, write F	RURAL ond g	give near	est town	) V
Catonsvil			days		_	ltimore		3	VOI.	- 4/-		
OR INSTITUTION	AL (If not in hospital, g		oddress) SPITAL		d. STRE	604 Ho	meste	ad Street	;	e	ON A	FARM?
3. NAME OF DECEASED	Fir		Middle		D	Lost	4. DATE OF	Mor		Day		'ear
(Type or print)	Hel		S.		Pier		DEATH		ine	3		959
female	white	7. MARI WIDOW	RIED NEVER MARRIE		B. DATE OF	<sup>віктн</sup> h 17, 1	.874	9. AGE (In years lost birthdoy) 85 yrs.			Hours	R 24 HRS. Min.
100. USUAL OCCUPATIO	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OF	RINDU	STRY 11. BIR	THPLACE (Stole	or foreign o			IZEN OF	WHAT	COUNTRY?
	rapher	(	Office			Maryla	nd		U.	S.	Α.	
13. FATHER'S NAME					14. MOTH	IER'S MAIDEN			1			
Unk	nown					Unkne	own					
15. WAS DECEASED EVER			SOCIAL SECURITY NO.	17. 1	NFORMANT	0.00		Add	Iress			
unknown	ir yes, give wor or dates or s		Inknown	Rec	cords:	SPRIN	G GRO	VE STAT	E HO	SPIT	AL	
PART I. DEAT  175.0  Conditions, if or gove rise to in couse (o), stoting I lying couse lost.  PART II. OTH	TH WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO  Ty, which an mediate he under-  ER SIGNIFICANT CON  S UNDERLYING	Met Cy Diffons	ne for (o). (b). ond (c). I mia castatic ure rstadenocare CONTRIBUTING TO DEA	cinc	NOT RELATE	left o	Vary W	SE CONDITION GIV		ed n		Stasis
20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yes	20d. II While of wor	Not while	20e. PL	ACE OF INJU	IRY (Home, farm office bldg., etc	n, 20f. (City	y ar town)	(0	County)		(Stote)
1 -	at I attended the	deceas	-4 -		/ '/			3, 195 m the causes of				
ACTUAL SIGNATURE	Guela	No	chshr			,		treet, city or town,				TE SIGNED
PHYSICIAN'S NAME (Type)	Stella Wac	hsle:	r, M. D.		C	atonsvi.	lle 28	, Maryla	nd			
220. BURIAL, CREMATION REMOVAL (Specify) BURIAL DIRECTOR'S	June 5	59	ADDRESS - WI	YIIPA			D BY REGIST					
		261	Hir Maryi	itnid		DAIL						

VS A15 (4) 15M 10/57

M. Nan	AT ASSOCIATION STATE THE AST MENT OF HEALTH LIAITMOSE, TO	
	HITAER FORTHERE OF DEATH	
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	and the second s	
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	And the state of t	

CERTIFICATE OF DEATH

06495

6506 Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Baltimore Baltimore MARYLAND Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town) Glenarm life Glenarm d. NAME OF HOSPITAL (If not in hospital, give street address) /d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION Glenarm Rd Glenarm Rd. YES NO TX 4. DATE NAME OF First Middle Lost Month Year DECEASED 6-28-59 Charles J. B. Piper DEATH (Type or print) 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH S. SEX Months Dovs Hours male white WIDOWED | DIVORCED | 11-3-1905 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

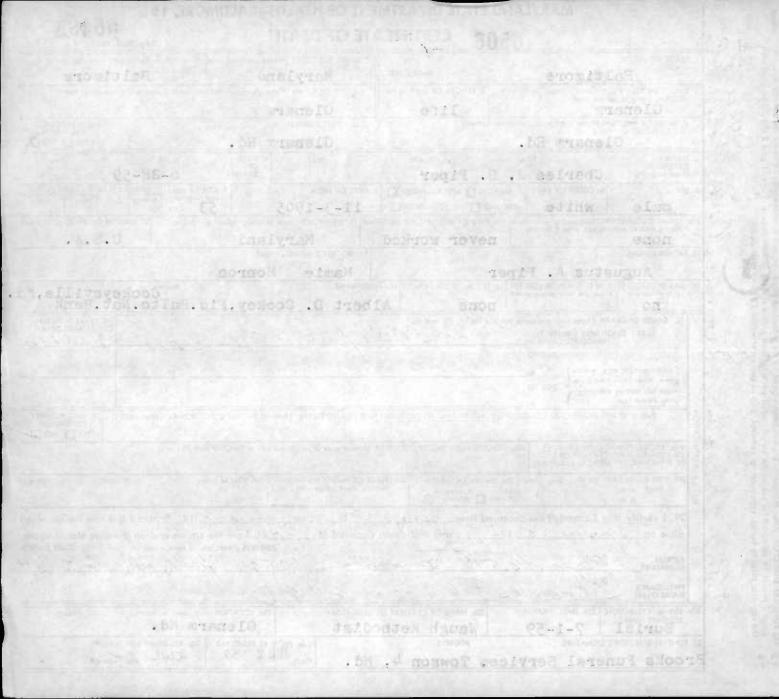
10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. never worked Maryland none 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Augustus A. Piper Mamie Monroe Albert D. Cockey, Fid. Balto. Nat. Bank 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT none no CAUSE OF DEATH [Enter only one couse per line fog (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which (b) gove rise to immediate DUE TO cause (o), stoting the underlying couse lost. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6), 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) o. m. While Not while of work of work 21. I certify that Lattended the deceased from 2. that I lost sow the deceased AM, from the couses and on the date stated above. load that death occurred at **ACTUAL** SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify)
Burial Md. Glenarm Waugh Methodist 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR arthur & Kraus Brooks Funeral Servicem Towson 4, Md. DATE

with filed Pro pe should by C pup 2 filled Poges camplet pup oft physi O offendin ā event þ E. ony gned per ste has been sig burial-transit p puo ottending physici srtificate has beer certificate mation, S use for may be retained by the host by FUNERAL DIRECTOR: After page 3 should be detached burial, 0 prior registrar

certificote

that

0 VS A15 (4)



TO HOSPITAL OR

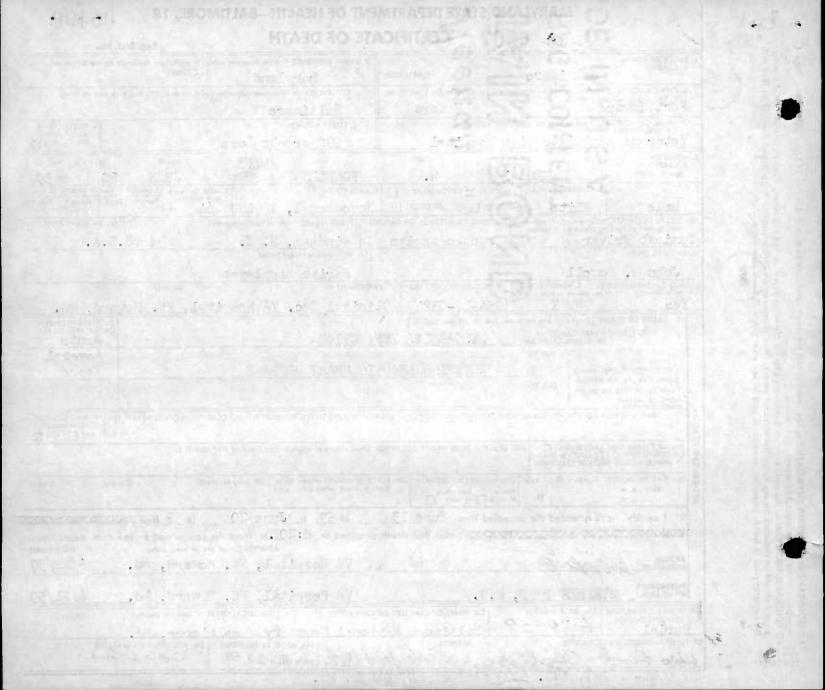
VS A15 (4) 15M 10/57

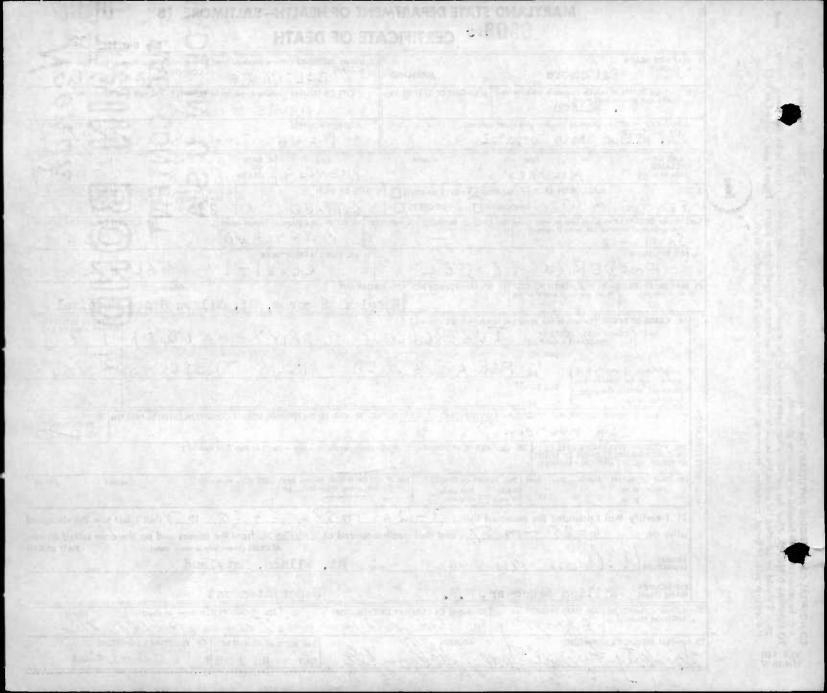
### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06496

6507 **CERTIFICATE OF DEATH** 

								wan. Di	31, 140,	
1. PLACE OF DEATH o. COUNTY	Baltimore		MAR	YLAND	2. USUAL RESIDENCE (W. o. STATE Mary]		d lived. If institu b. COUN	ation: Residen	nce before a	idmission)
KUKAI ond give n	If outside corporate lim	ts, write	c. LENGTH OF STAY	( IN 16	c. CITY OR TOWN (If	outside corpo	prote limits, write	RURAL ond	give nearest	I town)
Fort Howa	rd		7 days		Baltimor	.6	3 V	71-11		
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, s	ive street	address)		d. STREET ADDRESS			1-4	e. I	S RESIDENCE
Veterans .	Administrat	ion l	Hospital		938 Broo	ks Lar	ne			ON A FARM?
3. NAME OF DECEASED	Fi	st	Middle		Last	4. DATE	М	onth	Day	Yeor
(Type or print)		RGE	W.		POWELL	DEATH	J	UNE	20	19 59
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRI	IED 🔲	8. DATE OF BIRTH		9. AGE (In year			UNDER 24 HRS.
Male	White	WIDOW	ED DIVORCE	ED 🔲	November 1.	1894	last birthday		Days He	ours Min.
00. USUAL OCCUPATION	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPLACE (Stote	e or foreign c	ountry)	12. CIT	IZEN OF W	HAT COUNTRY
Taxicab Dr	iver	T	ransportati	ion	Windham,	N.Y.			.S.A.	
3. FATHER'S NAME					14. MOTHER'S MAIDEN				.D.R.	
John W. 1	Powell				Mariah Ra	nn l arra	. 0			
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	17. 1	NFORMANT	rhbreke		ldress		
[Yes, no, or unknown)	(If yes, give war or dates of s	ervice)				***				
Yes	WW I		54-16-0324		Linical Rec.	VA Hos	pital,	Ft. Ho		
	ATH [Enter only one co ATH WAS CAUSED BY:	use per li		•					ONSET	AL BETWEEN
6 -	IMMEDIATE CAUSE (o	)	MYOCARDIA	LIN	FARCTION					ute
420.0	DUE TO							1000	Ser	veral
Conditions, if o		,	ARTERIOSCI	LERO'	TIC HEART DIS	EASE			Ye	ars
gave rise to i	mmediote (						11			
lying couse last.	(c									
PART II. OTI			CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	INAL DISEAS	E CONDITION G	IVEN IN PART	T 1(o) 19. V	YAS AUTOPSY ERFORMED?
3									YES	S NO 🔯
PART II. OTH	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRE	). (Enter nature of injury in	Port I or Part	I II of item 18.)			
20c. TIME OF INJUR Hour o. m.	Y Month, Day, Yes	r 20d. II	NJURY OCCURRED	20e. PL	ACE OF INJURY (Home, form	n. 20f. (City	or town)	10	County)	(Stote)
Hour o.m.	19	While	k at work	fac	tory, street, office bldg., etc	c.)	or rown,	,	Loonly)	(Stote)
21. I certify th	at Vattended the	deceos	ed from June	13	, 19.59 , to 0	une 20	195	9 160000	DODGGG	100610000
					occurred of 8:20	P.M. from	the source	and on the		1-1-1-L
	121		Table, one mon	acom	occorred of 758 FF		reet, city or towr		ie dote s	DATE SIGNE
ACTUAL	1/Ochles	10	nes 111 L	)	VA Hospit					6/27/50
SIGNATURE	a garage	/ V	11111		N.D	AT 2 1 0	. Howal.	1,		3/21/39
PHYSICIAN'S NAME (Type)	STEPHEN TOM	S. M	.D.		VA Hospit	al, Ft	. Howar	d, Md.	(	6/21/59
20. BURIAL, CREMATIO		F	22c. NAME OF CEM	ETERY O	CREMATORY	22d. LOCAT	ION (City, tawn,	or county)		(State)
REMOVAL (Specify) Burial	6-24-	59	Baltimore	Not	ional Cemete		altimor			
3. FUNERAL DIRECTOR	S SIGNATURE	-	ADDRESS	A		D BY REGIST		ISTRAR'S SIG	SNATURE	
Wm 600	K-Bligh	the Sir	c. 6009 A	arfa	d Rd. DATE JL			rthur S.		
M. COOK-BL	IGHT, INC.	6009	HARFORD RI	J, B	LTO. MD.					
	202249 221104	000/	Innu Oten Iti	مرد و د	mio. im.					





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**CERTIFICATE OF DEATH** 

Reg. Dist. No.

	Utla								Keg. D	31, 140,	
1. PLACE OF DEATH a. COUNTY Baltir	nore		MARY	LAND	O STATE	pence (wharyla		d lived. If institu b. COUNT	v	ce before od	
RURAL ond give Dunda	lk (22)		c. LENGTH OF STAY			rown (if a		rote limits, write	RURAL and	give nearest	lown)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, g	ive street	address)		d. STREET		ship	Road		0	RESIDENCE N A FARM? NO X
3. NAME OF DECEASED (Type or print)		EST	Middle VICTO	R	PRICE		4. DATE OF DEATH	Mo	June	Doy 12th	Yeor , 19 59
s. sex male	6. COLOR OR RACE white	7. MARR	RIED NEVER MARRI		Jan.1		7	9. AGE (In year Joy birthdoy) yrs	Months	Days Ho	NDER 24 HRS. urs Min.
Oo. USUAL OCCUPAT during most of wo Shearms 3. FATHER'S NAME	ION (Give kind of work of rking life, even if retired IN	done 10b.	Steel	OR INDUSTR		gland		auntry)		USA	HAT COUNTRY
Wil	lliam Pric	e			Ве	atri	ce Se	criven			
15. WAS DECEASED EV (Yes, no. or unbnown) NO	ER IN U. S. ARMED FOR (If yes, give wor or dates of si	HAICE)	50CIAL SECURITY NO 13-07-442		ormant n M.P.	rice	1	same as	dress #2		
Conditions, if gave rise to cause (a), stoting lying couse lost	immediate DUE TO	(	CONTRIBUTING TO DE	ATH BUT N	OT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION G	IVEN IN PAR		110.
200. ACCIDENT W	AS UNDERLYING  CAUSE OF DEATH		CRIBE HOW INJURY O							PE	RFORMED?
20c. TIME OF INJU Hour a.m. p. m.	MEDICAL EXAMINER)	While	NJURY OCCURRED  Not while of work	20e. PLAC foctor	E OF INJURY ( ry, street, office	Home, form bldg., etc.	, 20f. (City	or town)	(1	County)	(Stote)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	hat I attended the Applicant Applica	Mori	rison, M. D	M.I	Ba	Kinsh Ltimo	ADDRESS (SI 11p Ro 12p Ro 12d LOCAL	n the couses reet, city or town cad  2. Maryl  TION (City, town, altimor	and on to stote)  and ar county)	he dote st	DATE SIGNE
23. FUNERAL DIRECTOR		Tod	Oak La  ADDRESS Dun	dalk		240. REC'E	D BY REGIST	RAR 24b. REG	ISTRAR'S SIG	GNATURE	Jeana

TO HOSPITAL OR TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained. The haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the rinneral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filled with the registrar priar to burial, cremation, ar remayal, and in any event within 72 hours after cash.

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VS A15 (4) 15M 9/55

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## MADVIAND STATE DEPARTMENT OF HEALTH DALTMADE 10

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	6	509	CERTIFIC	ATE OF DEAT	Н			()	549	9
1. PLACE OF DEATH o. COUNTY			CERTIFIC	2. USUAL RESIDENCE (V			Reg. Di			ion)
Be	altimore		MARYLAND	o. STATE Mar	yland	b. COUNTY	Balt	timo	re	
b. CITY OR TOWN (IF RURAL ond give ne Fort Howar	outside corporate limit arest town)	s, write	c. LENGTH OF STAY IN 16	6. CITY OR TOWN (IF 54 Baltis	nore (2	9	JRAL and	give nec	rest town	)
OR INSTITUTION	AL (If not in hospitol, g Administrat			d. STREET ADDRESS 353 Le	eeanne	Road				FARM?
3. NAME OF DECEASED (Type or print)	Fire RAYM		Middle H .	PUSSLER	4. DATE OF DEATH	Mani Ju		19	1	Yeor 19 59
5. SEX	6. COLOR OR RACE	7. MARR	ED NEVER MARRIED	B. DATE OF BIRTH			IF UNDER			R 24 HR
Male	White	WIDOWE	D DIVORCED	January 4.	1918	lost birthday)	Months	Doys	Hours	Min.
during most of work Electrician	ing life, even if retired)		KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (SIGNATURE)  Great Mi.				TIZEN O		COUNT
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME					
N	licholas Pu	ssler		Mary L. 1	Dean					
15. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT		Addr	ess			
Yes	WW II	2	L9 03 9831 C	Lintcal Rec. V	IA Hos	oital, Ft	. How	vard	, Md	
	TH [Enter only one ca TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	D.		ALIGNANT MELA KIDNEYS, LYM				ONS	RVAL BE ET AND 2 yr:	DEATH
Conditions, if or gove rise to in cause (a), stating t lying couse lost.	he <u>under-</u> DUE TO			JT NOT RELATED TO THE TERM						

CERTIFICATIO MEDICAL Hour o. m.

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.)

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Year

20d. INJURY OCCURRED While Not while of work 20e. PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)

20f. (City or town)

(County)

(Stote)

PERFORMED? YES NO T

21.	ŀ	certify	that	Vattended	the	deceased	fram	Ma
VI	prog	PARTY TOP	4	THE PARTY AND ADDRESS OF THE PARTY AND ADDRESS	-	TO CALL THE PARTY OF THE PARTY.	200	

19 59, to June 19

and that death accurred at 10:00PM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL Ft. Howard.

PHYSICIAN'S

NAME (Type)

VA Hospital, Ft. Howard

220. BURIAL, CREMATION, REMOVAL (Specify)

22b. DATE THEREOF

JANOWSKI

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, tawn, or county) Park Ritchie Highway, Balto.

(Stote)

Md

23. FUNERAL DIRECTOR'S SIGNATURE

p. m.

Glen Haven Memorial ADDRESS

240. REC'D BY REGISTRAR DATEJUN 2 3 '59

24b. REGISTRAR'S SIGNATURE

arthur S. Kraus

may be retained by e haspital ar attending
TO FUNERAL DIRECTOR: After this certificate
page 3 shauld be detached far use as the bu TO HOSPITAL VS A15 (4) 15M 10/57

BELL I-The state of the s the property and the companies of the co A MERCENTAL AND A STREET OF STREET, ST. LONGER ST. LONG The parties between the orbital parties and the state of the parties of the state o

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06500

6510 CERTIFICATE OF DEATH Reg.	Dist. No.
1. PLACE OF DEATH a. COUNTY Baltimore  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institutions Resion. STATE Maryland b. COUNTY B	idence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL a RURAL and give reopest town)  RURAL and give reopest town)  **Parkville**  **Parkville**	and give nearest lown)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR GIVETHUROWILSON Ave.  1 d. STREET ADDRESS 8109 Wilson Avenue	IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print) Katie First Middle Raver OF DEATH June	Day Year 1 1959
5. SEX Jemale  6. COLOR OR RACE  7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH  Jensele   Policy   Never Married   B. DATE OF BIRTH  Jensele   Policy   Never Married   Policy   Policy   Never Married   Policy   Policy   Policy   Never Married   Policy   Policy   Policy   Policy   Never Married   Policy   Policy	DER 1 YEAR IF UNDER 24 HRS. hs Days Hours Min.
Housewite Marysville, Penna	USA COUNTRY?
13. FATHER'S NAME George W. Eby Mary Jane File	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  (Yes, no. or unknown) (If yes, give wor or dates of service) (If yes, give wor or dates of service) (Wr. Donald Raver, 8109 Will	son Avenue.
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  PROPERTY OF THE	INTERVAL BETWEEN ONSET AND DEATH MAY 27, 19.
Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse tost.  DUE TO  Conditions, if any, which gove rise to immediate couse (b).  Conditions, if any, which gove rise to immediate couse (b).  Conditions, if any, which gove rise to immediate couse (b).  Conditions, if any, which gove rise to immediate couse (b).  Conditions, if any, which gove rise to immediate couse (c).	1 yr.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m.  P. m.  19  20d. INJURY OCCURRED While Not while of work of twork of two	(County) (State)
21. I certify hat I attended the deceased from 1958, to 1	t I last saw the deceased in the date stated above DATE SIGNED
PHYSICIAN'S E.J. Aless, M.D. Balleware - 14	md
220. BURIAL, CREMATION, 226. DATE THEREOF BEMOVAL (Specify) 6/4/59 Moreland Mem Park Baltimore, Mo	aryland
Leonard J. Ruck 5305 Harford Road.   240. REC'D BY REGISTRAR   24b. REGISTRAR'S DATE JUN 4 159 and	S SIGNATURE

TO HOSPITAL OR VS A15 (4) 15M 9/55

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ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of

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TO HOSPITAL OR VS A15 (4) 15M 9/55

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 6511

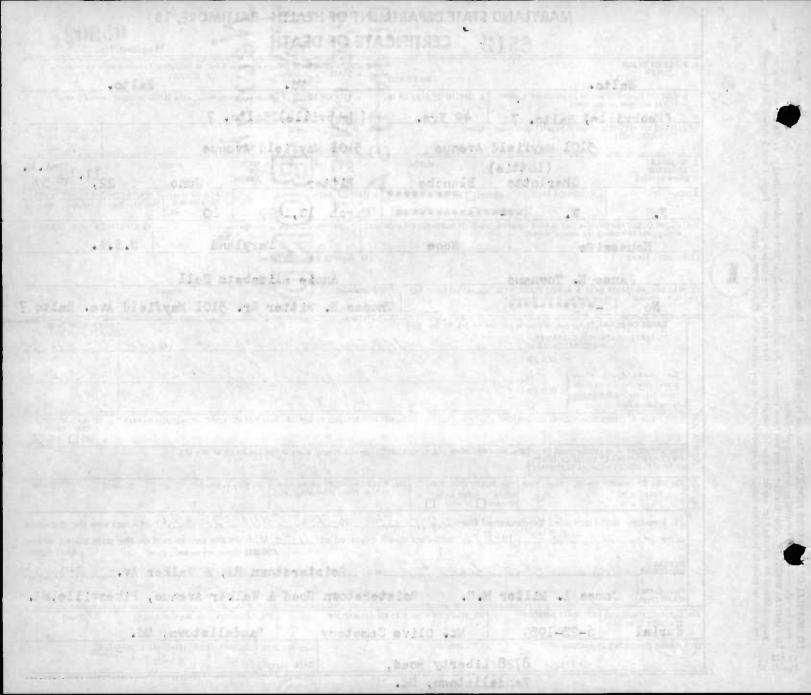
1165(11 Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY Baltimore MARY	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. STATE  Md.  Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  ARRULLE	Y IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  X Parkville
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION 8607 Richmond (ircle	1 8601 Richmond Circle e. 15 RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Albert M.	Reeves DEATH June 30, 1959 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRI Male DIVORCE	1 7 1 V 7 Months Dove Hours Min
10a. USUAL OCCUPATION (Give kind of work done Robring most of working life, even if retired)  Alexander Manager (Control of the control of th	OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY:  USA
13. FATHER'S NAME Frank Reeves	Nancy Blair
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no. or unknown) (If yes, give wor or dates of service)	O. 17. INFORMANT Address Mrs Marjorie Flater Same
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	interval Between ONSET AND DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OF CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRED. (Enter nature of injury in Port 1 or Port II of item 1B.)  20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) !
21. I certify that I attended the deceased fram. 5/alive an 6/36, 1957, and that ACTUAL SIGNATURE ACTUAL SIGNATURE	3/ 1958, to 20, 1959, that I last saw the deceased at death accurred at 1/2M, from the causes and on the date stated above ADDRESS (Street, city or town, state)  ADDRESS (Street, city or town, state)
	METERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) and Mem. Datimore, Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Leonard J. Ruck 5305 Harford	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

3113.00 R ma sas	TE OF DEATH		
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	- Andrew Company		
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death certificate

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S TO HOSPITAL OR A NDING PHTSICIAN: The law requ	May be retained by the haspital ar ottending physician.	TO FUNERAL DIRECTOR: After this certificate has been sig	poge 3 shauld be detoched for use as the burial-transit p	the registrar prior ta burial, crematian, or remaval, and
/S	W S	5 (	4)	

			651	^		ENT OF H			IMORE, 1	8 () Reg. Dist. N	6503	
1.	PLACE OF DEATH	Rosewood Sta Baltimore	te Tr	aining	School MARYLAND	2. USUAL RESI	DENCE (Whe		lived. If institution b. COUNTY			- de s
C	RURAL ond give	(If autside carporate limi nearest town) Lls, Maryland	d	c. LENGTH O		c. CITY OR	TOWN (If ou		ote limits, write RU	JRAL ond give n	earest town)	
	OR INSTITUTIO	PITAL (If not in hospitol, g N State Traini:				7202 S	DDRESS Seymou	r Plac	e		e. IS RESIDENCE ON A FARM? YES NO	1
	NAME OF DECEASED (Type or print)		heodo		Middle	Robert	s	4. DATE OF DEATH	Mont 6	1	Yeor 19 59	
5.	Male	6. COLOR OR RACE White	WIDOWI	ED D	IVORCED	9/1/57	8000		last birthday) yrs.	Months Doys		
	during most of w	TION (Give kind of wark rorking life, even if retired	done 10b.	KIND OF BUSI	NESS OR INDU:	14. MOTHER'S	Mar	yland	untry)	U.S	• A •	-
	Leonard I	Roberts EVER IN U. S. ARMED FOR	CES2 14	SOCIAL SECUR	UTY NO.				Roberts			_ }
	no, or unknown)	(If yes, give war or dates of s	ervice)		F	Rosewood	Recor	ds	Addi		TERVAL BETWEEN	_
	Conditions, if gave rise to couse (a), stotir lying cause los	immediate DUE TO	)	phei	Mo	Wie o	t n	glest	lung		SET AND DEATH	_
CERTIFICATION	20a. ACCIDENT V	OTHER SIGNIFICANT CON  MUD  WAS UNDERLYING   WAS UNDERLYING   CAUSE OF DEATH  FY MEDICAL EXAMINER	A'p	le 1	nal	0	a A	ous		EN IN PART 1(o)	19. WAS AUTOPS) PERFORMED? YES NO	
MEDICAL	20c. TIME OF INJ Hour a. m p. m	n. 19	20d. II While at war	NJURY OCCUR Nat while k ot wark	e for	ACE OF INJURY ( ctory, street, office	Home, form, bldg., etc.)	20f. (City	ar town)	(Count	r) (Stote	e)
	ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the	19_22 el	kad eker	that death	occurred at	9:45a	M, fram 1 ADDRESS (SIR 438	the causes and eet, city or town, or Main	d an the da stote) LADO	the decease the stated above DATE SIGNE 6/15/59	e.
1	FUNERAL DIRECTO	6-16-4	7/0	22c. NOME OF ADDRESS	LE LENGTH OF THE PROPERTY OF T	CREMATORY COLOM	e	BY REGISTE 1 7 '59	The second second	TRAR'S SIGNAT		_

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VS A15 (4) 1SM 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6514 CERTIFICATE OF DEATH

06504

Reg. Dist. No.

1. PLACE OF DEATH BALTIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
b. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town)  ARNULL C   // LERS	c. CITY OR IOWN (If outside carporate limits, write RURAL and give nearest tawn)
d. NAME OF HOSPITAL (If not in hospital, give street address) TOR INSTITUTION 834 Bag Ley Auc	d. STREET ADDRESS 1 1834 BAGLey Ave e. IS RESIDENCE ON A FARM? YES \( \) NO P
3. NAME OF DECEASED (Type or print) WILLE MINA. L-	Rubinson 4. DATE Month Day Year OF DEATH JUNE 10 1959
5. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	B. DATE OF BIRTH  Juky 1d, 1891  9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done dyring most of working life, even if retired)  MACHINE OPERATOR CLOTHING	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY!  WAS LINGTON DC. U.S.A.
WILLIAM AUER	Berhardina Kunrelneier
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes. no. or unknown) (If yes, give wor or dates of service) 216-24-8719 )	WILLIAM LIH. ROBINSON SAME
18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), ond (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Canditions, if any, which gove rise to immediate couse (a), stoling the under-lying cause last.  Canditions (c)  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	Occlusion Interval Between ONSET AND DEATH ON THE PERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
3 Jejuna C	PERFORMED YES   NO YE
TO CONTRIBUTING IL CAUSE AF DEATH  COLOR THE OF INJURY Mogth, Day, Year 20d. INJURY OCCURRED 20e. PL	LACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from alive on 19 19 and that death actual signature Truck I kasek Physician's FRANK TKASIK TRANKER TRANKER	n occurred at BAM, from the causes and on the date stated above  ADDRESS (Sired) city ar form under  DATE SIGNED  ADDRESS (SIRED)  Ballot 14, Mad,
220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	0 - 1 1
Chas F EVANS + SON 8802 HARFORD	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATEUN 1 5 '59  Outling & Kraus

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VS A15 (4) 15M 10/57

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6515 **CERTIFICATE OF DEATH**

1)65(15 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Ba	ltimore		MARYL	AND	2. USUAL RESID 0. STATE	Mary]		d lived. If insti b. COUN	TY _		Geor	
RURAL and give ne	autside corporate lim arest town)	ts, write	c. LENGTH OF STAY I		c. CITY OR T			orate limits, writ	e RURAL	and give r	nearest law	(n) V
d NAME OF HOSPIT	111e AL (If not in hospitol, s	ive street	20 days	3	Wash		n, D.	C. /	6 X-	- 2-	15 DE	SIDENCE .
OR INSTITUTION	GROVE STA		OSPITAL		501 Dale		a c	73			ON.	A FARM?
3. NAME OF	Fi		Middle		Losi	у поз	4. DATE	, P.	Nonth		Day	Year
(Type or print)		ert			Roeske		DEATH		June	7		1959
5. SEX male		1	HED NEVER MARRIE		B. DATE OF BIRTH		WX	9. AGE (In yet lost birthdo	y) IF UI			ER 24 HRS.
10a. USUAL OCCUPATIO	white	WIDOWI			1878	CF IF.		00	res.			
during most of work  unknown	ing life, even if retired	)	KIND OF BUSINESS OR	INDU		nown	or toreign c	ountry)		U. S		T COUNTRY?
13. FATHER'S NAME				4	14. MOTHER'S							
	ıknown			1		Unkn	own					
	R IN U.S. ARMED FOR If yes, give war or dates of t	ervice)			NFORMANT			1	Address			
Unknown			Unknown  ne for (o), (b), and (c).]	R	ecords:	SPRI	NG G	ROVE S	TATE	HOS	SPITA	L
Conditions, if or gove rise to it couse (o), stating lying couse lost.	the <u>under-</u> DUE TO	)	ONTRIBUTING TO DEA		NOT OF LATER TO						In	
Hyperte	ensive car	liova	scular dise	ase	- Car	cinom	a of	rectum	GIVEN IN	≀ PARI 1(o)	PERF	ORMED?
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRE	D. (Enter noture of	injury in P	ort I or Par	t 11 of item 18.)				
ZOC. TIME OF INJURY Hour o. m. p. m.	Month, Day, Ye	20d, It While of work	Not while	Oe. PL/	ACE OF INJURY (Hotory, street, office	lome, form, bldg., etc.	20f. (City	or town)		(Count	у)	(State)
alive an JT	of I attended the une 7 Dack Isadore Tu		July	15 death	occurred at M.D. SPRI	1:35p	_M, fran ADDRESS (Se ROVE	7, 19, n the cause treet, city or too STATE	s and cover, stole)	on the d	late stat	deceased ed abave PATE SIGNED 3-59
220. BURIAL, CREMATION BREMOVAL (Specify)	0/10/5		name of CEMET Prospec					TION (City. low			(Sto	te)
23. FUNERAL DIRECTOR'S			9 Bartemor		ve.		BY REGIST			s SIGNAT		

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. NAME OF DECEASED DATE OF DEATH (Type or Print) AFTER legibly. 3. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived. Winstitution: residence Baltimore City, Manyland COUNTY before admission) (If not in hospital or institution, give street address FULL NAME OF AYS clearly and POINT C. CITY OF TOWN (If outside city Mmits, write RURAL and give INSTITUTION township) STREET ADDRESS Aryral, give location 3) death (2) SEX 6. COLOR OF RACE 7. SINGLE. MARRIED. DATE AGE (In sears last bir(hday) If Under 1 Year ARTH If Under 24 Hours RE WIDOWED, DIVORCED (Setcify) 4 Months Days Hours Min. TOA. USUAL OCCUPATION (Bive kind) 108 KIND OF BUSINESS OR (State or foreign country) CHIEN OF 12/ INDUSTRY 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME the CORDS Ever in U.S. Armed Forces 16. SOCIAL write INFORMANT ADDRES (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. BLACK OR BLUE-BLACK please RE INTERVAL BETWEEN CAUSE OF DEAT 420.1 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Physicians: VIT/ (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, DUE TO injury or complication which caused death.) OF ANTECEDENT CAUSES (8) ..... DISEASES OR CONDITIONS, IF ANY, GIVING RISE BUREAU DUE TO supplied. TO THE ABOVE CAUSE (A) STATING THE UNDER-CATIO LYING CONDITION LAST. PERMANENT THIS II RTIFI THE OTHER SIGNIFICANT CONDITIONS CONTRIBUTING carefully TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ы IF OPERATION WAS RELATED TO | 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20. AUTOPSY H CAUSE OF DEATH, ENTERLAND WAS PERFORMED ORT PART I OR PART II B informat MUST TYPE, ..., that (I) (we) last saw the deceased alive on..... and that in (my) (our) opinion death occurred at... of PLEASE CATE 23A. SIGNATURE 23c. DATE SIGNED item M. D. ATTENDING PHYS. [] DIRECTOR EF PHYS. Every CERTIFI NAME LOCATION (City, town, or county) 24A. BURIAL, CREMA-24C. CEMETERY OR CREMATORY 24D. . TION. REMOVAL (Specify) DATE RECEIVED BY 25. FUNERAL DIRECTOR REGISTRAR IIS JUN 3 0 '59 arthur & Kraus

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### MANUEL CERTIFICATE OF DEATH

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VS A15 (4) 15M 10/57

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6517 CERTIFICATE OF DEATH

**CERTIFICATE OF DEATH** 

06507

Reg. Dist. No.

1 8 K.

1. PLACE OF DEATH o. COUNTY BE	altimore	MARYL	- 11	O. USUAL RESIDENCE (*		lived. If instituti b. COUNTY		e befare admi	ission)
b. CITY OR TOWN RURAL and give Fort Hou		c. LENGTH OF STAY I	N 16	c. CITY OR TOWN (I		ate limits, write R	URAL and g	ive nearest to	wn)
OR INSTITUTION	PITAL (If not in hospital, give Administration	street oddress)		d. STREET ADDRESS  222 N.	High St	reet		ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First ROSARTO	Middle	I	lost RONDO	4. DATE OF DEATH	JUNE		Doy	Year 19 59
5. SEX Male	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED		DATE OF BIRTH	9	AGE (In years lost birthday)	IF UNDER 1	YEAR IF UNI	DER 24 HRS.
10a. USUAL OCCUPAT during most of we Newspaper 13. FATHER'S NAME	orking life, even if retired)	Newspapers		Paltimor  14. MOTHER'S MAIDEN	e, Mary	intry)		S.A.	T COUNTRY
	nthony Rondo VER IN U. S. ARMED FORCES	7 16. SOCIAL SECURITY NO.	17 1015	Anna	Mirabi.				
(Yes, no, or unknown)	If yes, give war or dates of service			n.Records,V	ets.ldm	.Hospits		Howard,	Md.
PART I. DI LA 20.1  Canditions, if gove rise ta cause (a), statin lying cause las:  PART II. O	ony, which immediate g the under-	MOCARDIAL INF. MEDIASTINAL TU  ONS CONTRIBUTING TO DEA	MOR W	ITH EXTENS	MINAL DISEASE	сондшой сіл	ENJW PARI		D DEATH TE: 1ths
	THE CAUSE OF DEATH	. DESCRIBE HOW INJURY OC						120	, NO JA
20c. TIME OF INJU Hour a. m p. m	. 10 V	20d. INJURY OCCURRED While Not while It wark at wark	Oe. PLACE foctor	OF INJURY (Home, fo y, street, office bldg., e	erm, 20f. (City o	r town)	(Ce	ounty)	(State)
	that Lattended the de		16	/	une 24			addebate	
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	To fin W. C.	awford	M.c	77.17 man	ADDRESS (Street	el, city or tawn, MARYI	state)		ted above DATE SIGNE 25/59
22a. BURIAL, CREMATI REMOVAL (Specification)	10N, 22b. DATE THEREOF	Holy. Rede		REMATORY	22d. LOCATIO	ON (City, town, o	or county)	(Sto	29 27 ite)
23. FUNERAL DIRECTO	R'S SIGNATURE	09 Harford Ro	ad _	24a. RE	C'D BY REGISTRA	AR 24b. REGIS	TRAR'S SIGN	NATURE	

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6510 CERTIFICATE OF DEATH 06509

	001.	J CERTIFIC	AIL OI DLA			Reg. Dist. N	0.
	ltimore	MARYLAND	2. USUAL RESIDENCE ( a. STATE  Mary	(Where deceased	l lived. If institution b. COUNTY	Residence be	
B. CITY OR TOWN ( RURAL and give no Fort Ho		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (		rote limits, write RU	RAL ond give n	earest town)
OR INSTITUTION	TAL (If not in hospital, give stree  Administration		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM2 YES NO
3. NAME OF DECEASED (Type or print)	First JOHN	Middle <b>E</b> •	RUFF	4. DATE OF DEATH	JUNE	27	Year 19 <b>59</b>
5. SEX Male	White widow		8. DATE OF BIRTH 5/2/12		lost birthdoy) 17 yrs.	Months Days	Hours Min.
10a. USUAL OCCUPATION during most of work Road Equip.  13. FATHER'S NAME	ON (Give kind of work done king life, even if retired)  Operator  Ba	LITO OF BUSINESS OR INDI	Catonsvi  14. MOTHER'S MAIDE	lle, Mar		U.S.	OF WHAT COUNTR
	ob V. Ruff		Mary	MN:	Passe H	AKER	0
15. WAS DECEASED EVE (Yes, no. or unknown)  Yes	R IN U. S. ARMED FORCES? 16 (If you, give war or dates of service)  WW II		Informant	Vets.Adn	Addre	ss	
	DUE TO  ny, which (b) (b)	JAMOUS CARCINO	MA OF LARYNX	WITH ME	PTASTASIS	10	TERVAL BETWEEN USET AND DEATH UNKNOWN
PART II. OTH	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU SCRIBE HOW INJURY OCCURR	410. 2			N IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING (IF EITHER, NOTIFY)  20c. TIME OF INJUR  Haur o. m. p. m.	CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Day, Year 20d. While	INJURY OCCURRED 20e. P	LACE OF INJURY (Home, for actory, street, affice bldg.,	orm, 20f. (City		(County	r) (Stote)
21. I certify the account of the second of t	at Rattended the decea	pe, m. P	19, 1959, to shaccurred at 8:00	AM, from ADDRESS (SII	the causes an	d an the do	ate stated above DATE SIGNS
220. BURIAL, CREMATIO REMOVAL (Specify)	N, 22b. DATE THEREOF 7-1-59	22c. NAME OF CEMETERY O	OR CREMATORY	22d. LOCAT	ION (City, town, or	county)	(Stote) Balto, Md.
23. FUNERAL DIRECTOR	s signature <b>rley Funeral</b> Ho	ADDRESS  ome Baltimore.		JUL 2		RAR'S SIGNATU	

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TO DEPUTY MINICAL EXAMINER: This certificate shauld be executed within 24 hours ofter deoth. If any deloy is needs any	2	farworded to the Chief Medical Exominer's Office olong with form PM3. Page 5 may be retained for your files.	~
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VS. A15ME(S) 5M 9/55

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6520MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg.	n	65	1	0	
Reg.	Dist.	No.	1.	17	

1. PLACE OF DEATH O. COUNTY BALTIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE MARYLAND b. COUNTY BALTIMORE
b. CITY OR TOWN   If outside carporate limits, write RURAL c. LENGTH OF STAY IN 1b and give nearest lows) SEX	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  8104 EASTERN AVENUE	d. STREET ADDRESS  8104 EASTERN AVENUE  o. IS RESIDENCE ON A FARM? YES NOT
3. NAME OF DECEASED (Type or print) Charles Henry SA	chs Lost June 8 Day Year 1959
	EC. 18,1885   International Action of the International In
10a. USUAL OCCUPATION (Give kind of work done during mest of working tile, even if retired)  OIL CO.	11. BIRTHPLACE (State or foreign country) BALTIMORE MARYLAND U.S.A.
13. FATHER'S NAME HENRY SACHS	14. MOTHER'S MAIDEN NAME CARRIE SEABODE
free, no, or organization of the work of delet of services	MARSHEMMA WEGMAN Address SISTER RS KATHERINE SACHS SISTER IN LAW
Canditions, if any, which gave rise to immediate cause (a), staling the underlying cause last.  DUE TO  (c) Atyles here 'me C	Occlus, m interval serveen onser and pearly from the constraint of
CAUSE OF DEATH.	PERFORMED? YES NO   Iter nature of injury in Part I ar Part II of item 18.)  E OF INJURY (Hame, farm, 120f, (City ar town) (Caunty) (State)
Hour a. m. 19 While of work of work of work 21. 1 certify that I took charge of the remains described obov	ry, street, affice bidg., etc.)  re, held on Autopsy, Inspection, Inquiry, and find that tide, Homicide, Undetermined cause
SIGNATURE  EXAMINER'S ALL COLOR TO SERVICE OF CEMETERY OF COLOR OF CEMETERY OF CEMET	_M.D. CHIEF MEDICAL EXAMINER   ASSISTANT MEDICAL EXAMINER   DEPUTY MEDICAL EXAMINER   CREMATORY   22d. LOCATION (City, tawn, or caunty) (State)
BURYA(Specify) 6/9/59 WOODLAWN CE  23. FUNERAL DIRECTOR'S SIGNATURE HENRY SANDER & SONS INC.  BALTIMORE 13, MARYLAND.	METERY WOODLAWN MARYLAND.  24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  DATEJUN 1 0 '59  Colling S. Frank

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6521 CERTIFICATE OF DEATH

**CERTIFICATE OF DEATH** 

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		Keg, Dis	it. No.
L	COUNTY BALTIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Resident o. STATE b. COUNTY	ce before admission)
1	CHY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR 70WN (If outside corporate limits, write RURAL and g	give nearest town)
7	OHTONSVILLE	IJALTIMORE 1	V 3401-4
	d. MANE OF HOSPITAL (If not-in hospital, give street address) OR INSTITUTION I GEWAYMANOR NOR NORE INGTOME	1271 WALTERS AVE	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED Type or print) COWAS LAS	bupy 4. DATE Month OF DEATH JUNE	30 1959
1	MALE WhitE WIDOWED DIVORCED	14 Oct 1876 Vast birthdoy) Months	1 YEAR IF UNDER 24 HRS. Doys Hours Min.
100	JUSUAL OCCUPATION (Give kind of work done during most of working life, over it retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITI	ZEN OF WHAT COUNTRY
13.	Salvard SALISBURY	HWMA WA 450N	
1S. (Yes	no. of unknown)   (If yes, give wor or dates of service)	NFORMANT Address  AND ESTH SALISBURY INVILLE	ALTERS AVE
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Corebral Vascular	Accident	INTERVAL BETWEEN ONSET AND DEATH 6 hrs.
	Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.  DUE TO  (b) Generalized Arber  DUE TO  (c)	ioselerosis	unknown
CATION	PART II. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING</u> TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
1 . 1	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED for the p. m. 19 work of work the p. m. 19	ACE OF INJURY (Home, form, 20f. (City or town) (Cotory, street, office bldg., etc.)	ounty) (Slote)
	21. I certify that I attended the deceased fram. November alive an	accurred at 1:35 A.M. from the causes and on the ADDRESS (Street, city or town, stote)	
	ACTUAL SIGNATURE STONE STONES	M.D. 1 Mallow Hill Ave.	6/30/59
	PHYSICIAN'S LOO J. Gaver, M.D.	Baltimore 29, Maryland.	
	BURIAL, CREMATION, 226 DATE THEREOF 224 NAME OF CEMETERY OF CREMOVAL (Specify) 3 JULY 1959 WESLEY Ch	R CREMATORY 22d. LOCATION (City, toyin, or county)  APEL CEM   DEK FIALL	In (Stote)
33	FUNERAL DIRECTOR'S SIGNATURE ADDRESS FRAH, SHRICKER	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

06512

6522 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) OWSON OWSON d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? NOH YES NO NAME OF Middle 4. DATE Day Yeor DECEASED (Type or print) DEATH 195 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 H last birthday) Months Days Hours WIDOWED [ DIVORCED [ 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPPACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME COOK 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT KESWICK 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CALISED BY IMMEDIATE CAUSE (o) DUF TO C.V. Runal Conditions, if any, which gove rise to immediate **DUE TO** cause (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) WEDICAL 20c. TIME OF INJURY Month 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour 0. m While Not while of work of work p. m. 21. I certify that I attended the deceased from Ahat I last saw the deceased alive on and that death occurred at \_\_\_\_\_\_\_ M, from the causes and on the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur & thouse

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6523

#### **CERTIFICATE OF DEATH**

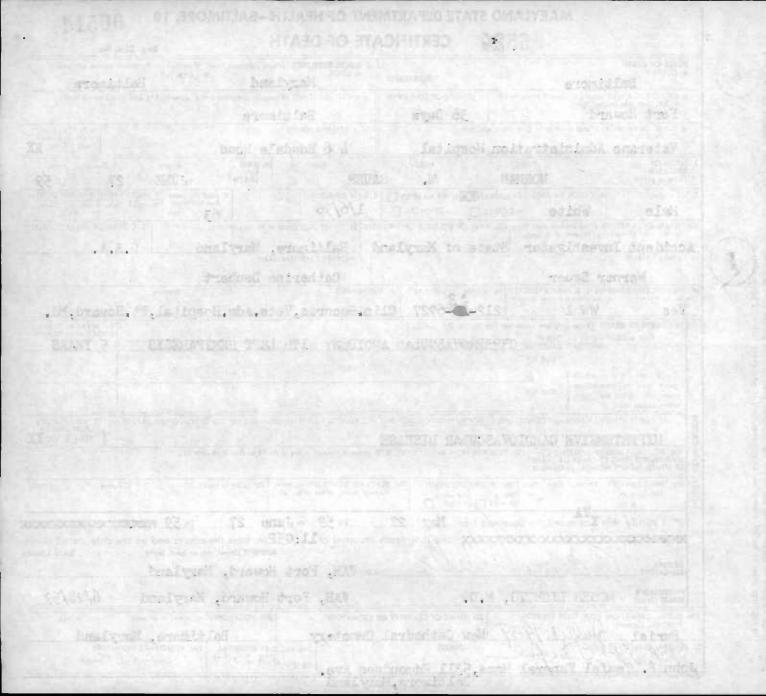
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Reg. Dist. No.

	o. COUNTY	Baltimore		MARYI	AND	2. USUAL RESIDENCE (Vo. STATE	Where decease	ed lived. If instituti b. COUNTY	on: Residence I	pefore admis	ssion)
	RURAL ond give i	(If outside corporate liminegrest town)	ts, write	c. LENGTH OF STAY I		c. CITY OR TOWN (I				nearest tow	'n)
-	Fort Howai			57 day	75	Baltimor	re	3 V	01-4		
	OR INSTITUTION	ITAL (If not in hospital, c				d. STREET ADDRESS				e. IS RE	SIDENCE A FARM?
		Administrat:	Lon H	lospital		2233 Ess	sex Str	eet			NO M
	3. NAME OF DECEASED	Fi	st	Middle		Lost	4. DATE OF	Mon	th	Day	Yeor
	(Type or print)		WRENC			SAS	DEATH	June		27	19 59
	5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIE	D	. DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER 1 Y		
	Male	White	WIDOW	ED DIVORCED		August 7. 1	1892	66 yrs.	Manths Da	ys Hours	Min.
4	Oa. USUAL OCCUPATI	ION (Give kind of work rking life, even if retired	done 10b.	KIND OF BUSINESS OF	NDUS	RY 11. BIRTHPLACE (Sta	ote or foreign o	country)	12. CITIZE	N OF WHAT	COUNTRY
	Vulcanizer			Tire Factory	r	Baltimor	Mar	brefar		U.S.A.	
Ti	3. FATHER'S NAME					14. MOTHER'S MAIDEN		y Learner		O a Q a PL	
	Joseph Sas	3				Catherin	on Cross	1-			
Ti	S. WAS DECEASEDEV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT	le GZec	K. Add	ress		
1	Yes, no. or unknown)	(If yes, give war or dates of s		20-24-5149	CT	nion Pos	TEA TION		***	. 3 363	
F					01.	nical Rec.	VA nos	pital, rt			
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1	Conditions, if gove rise to		)								
	cause (o), stating	the under- DUE TO									
	lying cause lost.	, ,									
	PART II. OT					OT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PART 1	19. WAS	AUTOPSY DRMED?
	PULMONAF	RY EMPHYSEM	-	R. PULMONAL		arain	lage 5	rcostal o	acilecei	YES [	NO D
	PART II. OT PULMONAF  20g. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING	20b. DES	CRIBE HOW INJURY OC	CURRED	(Enter nature of injury i	in Port I or Par	rt 11 of item 18.)			
		MEDICAL EXAMINER)						1			
	20c. TIME OF INJU	RY Month, Doy, Yes	1		20e. PLA	CE OF INJURY (Home, fo	rm, 20f. (City	y or town)	(Cour	nty)	(Stote)
	Hour o.m.	19	While of wor	Not while	raci	ory, street, office bldg., e	etc.)				
		haT/Mattended the	docean	ad tram May 1		, 19_ <u>59</u> , to_J	une 27	10 50	annana	Connection	amene and
1	Mennana		XXXX	coope one that	deoth	occurred of 5:20		m the couses of treet, city or town,			
	ACTUAL (	7 3 (	3	- nn		WA Woent		. , .			ATE SIGNE
	SIGNATURE	0,0,0	-9	0,11.0	N	D. VA Hospi	Lary E	c. noward	, MC.	0/	21/59
	PHYSICIAN'S	C. B. COPE.	MD			WA Hames	4 - 7 TZ.	A TT	363	, ,	100 /00
1								t. Howard		6/	21159
1	20. BURIAL, CREMATIC	7/1./59	iF.	22c. NAME OF CEMEN				TION (City, town, o		(Stol	
-		11-11		St. Stanis	Laus			Boston St			d.
12	S. FUNERAL DIRECTOR	SIGNATURE	1.	ADDRESS		/ / / /	C'D BY REGIST		TRAR'S SIGNA	TURE	
1	Offarty for	) Sedow.	Me	1937%	me	h M DATE	UN 3 0 '5	9 31	1 g &		
CI	AS. D. SAI	OWSKI FUNDA	CAL H	IOME, 1937 G	ougl	St., Balto	)., Md.				

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TOWER TO AN ADDRESS OF A PART AND AN ARRANGED AND AN ARRANGED AND ARRANGED ARRANGED AND ARRANGED ARRANGED AND	in the second

3			6524	CEKTIFIC	CATE OF	DEATH			Reg. Dist. No	o
	1. PLACE OF DEATH o. COUNTY			MARYLAND	o STATE		Section 1	lived. If institution b. COUNTY		
	b. CITY OR TOWN	Itimore N (If autside carporate lim	nits, write c. LEN	GTH OF STAY IN 16		Mary La		ote limits, write RL	Baltin	
	Fort Ho	e nearest town)		6 Days	C. CIII O	Baltin		3 \	/ // / / /	coresi lowiij
	d. NAME OF HOS	SPITAL Iff not in hospital			d. STREET	T ADDRESS	mora_		V G 1 - 4	e. IS RESIDENCE
50	or institutio	s Administr	ation Hos	pital	1,08	Edsdal	le Road	d		ON A FARM? YES NO NO
	3. NAME OF DECEASED		irst	Middle		Lost	4. DATE	Mont	th D	ay Year
	(Type or print)	NO	RMAN	W.	SAUER		OF DEATH	JUN	E 27	19 59
	5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BII	RTH	9	AGE (In years lost birthday)		R IF UNDER 24 HRS.
	Male	White	WIDOWED [	DIVORCED [	1/6/9	6		63 yrs.	Months Days	Hours Min.
4	10a. USUAL OCCUPA during most of v	ATION (Give kind of work varking life, even if retired	dane 10b. KIND O	F BUSINESS OR IN	DUSTRY 11. BIRTH	IPLACE (State o	r foreign cou	entry)	12. CITIZEN	OF WHAT COUNTRY
1		Investigator	r State	of Maryla	nd Bal	timore,	Mary	land	U.S.A	
	13. FATHER'S NAME					R'S MAIDEN N				
		ner Sauer	norse live special			therine	Daube			
	(Yes, no, or unknown)	(If yes, give war or dates of	service)	3	. INFORMANT			Addre		
	Yes	WWI	212-1		lin.Reco	rds, Vet	ts.Adm.	Hospita		
13		DEATH [Enter only one of DEATH WAS CAUSED BY:							ON	IERVAL BETWEEN
	2214	IMMEDIATE CAUSE (		VASCULAR	ACCIDENT	WITHI	POINT H	EMIPARES	IS 5	YEARS
	SSIX	DUE TO	)						1.1.1.1	
	Conditions, if	immediate	b)							
	lying cause la		3							
	_	OTHER SIGNIFICANT CON	DITIONS CONTRIB	UTING TO DEATH B	BUT NOT RELATED	TO THE TERMIN	VAL DISEASE	CONDITION GIVE	EN IN PART 1(a)	19 WAS AUTOPSY
0	PART II. (		DIOVASCUL							PERFORMED?
	20g. ACCIDENT	WAS LINDERLYING []	20h DESCRIBE HO	OW INJURY OCCUR		e of injury in Pr	ort I or Port I	I of item 18.)		123 [] 110 [2]
	OR CONTRIBUTION (IF EITHER, NOT	NG CAUSE OF DEATH								
			ear 20d. INJURY O			V /// 6		or town)	(County	) (State)
					PLACE OF INJURY	i Iriome, rarm,	20f. (City o	. 101111)		
	-	n. 10		ot while	PLACE OF INJURY factory, street, aff	fice bldg., etc.)	20f. (City o	. 10,111)		
	20c. TIME OF INJ Hour o. r p. n	n. 19	While No	ot while work	factory, street, aff	fice bldg., etc.)	1		MONTHERE	ara dia cuta va cue
	20c. TIME OF INJ Hour o. r p. n 21. I certify	n. 19 that <b>X</b> attended the	While No of work of the deceased from	m. May. 22	factory, street, aff	fice bldg., etc.)	27	, 19.59	nd on the de	AND
	20c. TIME OF INJ Hour o. r p. n 21. I certify	n. 19	While No of work of the deceased from	m. May. 22	factory, street, aff	9, to Jun	27 2M, from	, 19.59	nd an the do	ate stated above
	20c. TIME OF INJ Hour o. r p. n 21. I certify	n. 19 that <b>X</b> attended the	While No of work of the deceased from	m. May. 22	foctory, street, aff	9, to Jun	27 2M, from	the causes area, city ar town, s	nd an the do	and above the stated above DATE SIGNE
	20c. TIME OF INJ Hour o. r p. n 21. I certify DESCRIPTION ACTUAL SIGNATURE	that Xattended the	While of work of	m. May. 22	19.5  th accurred c	9, to Jun ot 11:05F	27 PM, from address (Street	the causes on the city or town, s	nd an the do	DATE SIGNE
/	20c. TIME OF INJ Hour o. r p. n  21. I certify	n. 19 that <b>X</b> attended the	While of work of	m. May. 22	19.5  th accurred c	9, to Jun ot 11:05F	27 PM, from address (Street	the causes area, city ar town, s	nd an the do	ate stated above
/	20c. TIME OF INJ Haur a. r p. n  21. I certify  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)  22o. BURIAL, CREMA'	that Xattended the  Moses Licht  Tion, 22b. Date Theree	While of wark of the deceased from	m. May. 22	, 19 <u>5</u> oth accurred c	9, to June 11:05F	27 PM, from DDRESS (Street) Howard,	the causes on the city or town, s	nd on the dostote) nd and	DATE SIGNE
/	20c. TIME OF INJ Hour o. r p. n  21. I certify  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)  22o. BURIAL, CREMA' REMOVAL (Speci	that Xattended the Moses Licht Tion, 22b. Date Thereofity)	while of wark of the deceased from the deceased	m. May. 22 and that dea	nth accurred c	9, to June of 11:05F	MA 27 MA, from DORESS (Street) Howard, Howard, 22d. LOCATIO	the causes of the cause of	nd on the do stote)  and  or county)  a. Marryl	DATE SIGNE  6/28/59  (State)
/	20c. TIME OF INJ Hour o. r p. n  21. I certify  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)  22o. BURIAL, CREMA' REMOVAL (Species)	that Xattended the Moses Licht Tion, 22b. Date Thereofity)	while of wark of the deceased from the deceased	m. May. 22 and that dea	nth accurred c	9, to Jun ot 11:05F Fort F 1, Fort	MA 27 MA, from DORESS (Street) Howard, Howard, 22d. LOCATIO	the causes all the causes are caused as a cause all the causes are caused as a cause all the causes are caused as a cause are caused as a	and an the do	DATE SIGNE  6/28/59  (State)



VS A15 (4) 15M 10/57

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6525 CERTIFICATE OF DEATH

06515

0040			Kag. D	131. 140.
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (When o. STATE Marylan	re deceased lived. If institutions Reside d. b. COUNTY	nce before admission)
b. CITY OR TOWN (If autside carporate limits, write RURAL and aive negrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If au	tside corporate limits, write RURAL and	give nearest town)
RURAL and give negres town) Catonsville	lyr7mth3dys	Baltimore	3 V O	1-4
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION SPRING GROVE STATE HOS	oddress) SPITAI.	d. STREET ADDRESS	Carey Street	e. IS RESIDENCE ON A FARM? YES NO D
			4. DATE Month	
(Type or print) Sweater	TA JAVINI	Savern	OF June	22 19 59
5. SEX 6. COLOR OR RACE 7. MARR		B. DATE OF BIRTH	lost birthdoy) Months	PAR IF UNDER 24 HRS.  Days Hours Min.
male white WIDOWE		March 22, 18		TIZEN OF WHAT COUNTRY?
during most of working life even if retired)				
Laborer ///	ANSH CO-MALTO	Yugoslavia		Yugoslavia
Michael Savin		Katie	W.F.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT	Address	
	13-05.9568	cords: SPRIN		HOSPITAL
1B. CAUSE OF DEATH [Enter only one couse per lin	e for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Pulmonary eden	ie.		ONSET AND DEATH
422.1 DUE TO				
(b)	Arteriosclerot	tic cardiovasc	ular disease	LIVE OF THE
gave rise to immediate cause (a), stating the under-				
lying cause last. (c) G	eneralized art	teriosclerosis		
PART II. OTHER SIGNIFICANT CONDITIONS C  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH Ulf EITHER, NOTIFY MEDICAL EXAMINER)	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVEN IN PAI	RT 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Po	ort I ar Part II af item 1B.)	
20c. TIME OF INJURY Month, Day, Year 20d. IN While of work	Not while fac	ACE OF INJURY (Home, farm, ctory, street, affice bldg., etc.)	20f. (City or town)	County) (State)
21. I certify that I attended the decease	ed from Jan. 20	19.58 to J	une 22 , 1959 ,that I	lost saw the decease
			M, from the causes and an I	
			DDRESS (Street, city or town, state)	DATE SIGNED
ACTUAL SIGNATURE SIELLA WALL	asley		ROVE STATE HOSP	TAL 6-22-59
PHYSICIAN'S Stella Wachsler	, M. D.	Catonsvill	e 28, Maryland	**************************************
220. BURIAL, CREMATION, 226. DATE THEREOF	DEN HAVE		22d. LOCATION (City, town, or county)	d (State)
23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Tatt		BY REGISTRAR 24b. REGISTRAR'S SI	

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VS A15 (4) 15M 10/57

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 6525

06516 Rea. Dist.

	The state of the s
1. PLACE OF DEATH 6. COUNTY  Baltimore  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Mde b. COUNTY Baltimore
b. CITY OR TOWN (If outside corporate limits, write RITAL and give neglect town)  ORRESPONDED	c. CITY OR TOWN (If aytside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION 3016 Putty Hill Ave.	d. STREET ADDRESS Putty Hill Ave e. IS RESIDENCE ON A FARM? YES \( \sigma \text{NO } \sigma \)
3. NAME OF DECEASED (Type or print) Margaret Pauline	Scheel 4. DATE June 990 Year DEATH June 1950
5. SEX  6. COLOR OR RACE 7. MARRIED NEVER MARRIED   1  White WIDOWED DIVORCED	B. DATE OF BIRTH  3-12-1897  9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Months   Days   Hours   Min.   Min.
10a. USUAL OCCUPATION (Give kind of work dane dyring most af working life, even if retired)  Housewife	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY Maryland
Thomas V. O'Connell	Margaret Gormley
(Yes, no. or unknown)   (If yes, give war or dates of service)	NFORMANT Address Lenry C. Scheel Same
18. CAUSE OF DEATH [Enter anly one cause per line for (o) (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Canditions, if any, which gove rise to immediate couse (o), storing the under-lying couse lost.  (c)	ery Occlusion. Interval Between on the and Departy of the Street of the
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO X
(IF EITHER, NOTIFY MEDICAL EXAMINER)	). (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month. Day Year 20d. INJURY OCCURRED 20e Pta Hour o. m. White at work at work at wark	ACE OF INJURY (Home, form 70f. (City or town) (County) (State) tory, street, affice bldg., etc.)
21. I certify that I oftended the deceased from olive an	occurred at 3.36 M, from the couses and an the date stated above ADDRESS (Street, city or town, state)  DATE SIGNED  ADDRESS (Street, city or town, state)
	R CREMATORY 22d. LOCATION (City, town, or caunty)  Lemer Baltimore Md.
23. FUNERAL DIRECTOR'S SIGNATURE Leonard J. Ruck 5305 Harford R	Road DATE JUN 8 '59 Carlum & House

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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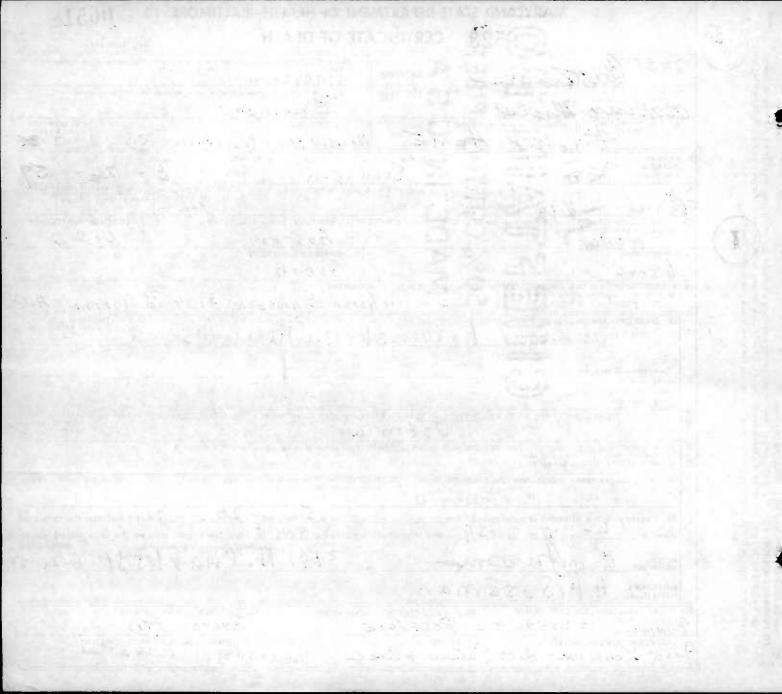
VS A15 (4) 15M 9/58

06518

6528 **CERTIFICATE OF DEATH** 

Reg. Dist. No.

a.	COUNTY	altimo	20_	MARYLAND	2. USUAL RESIDENCE o. STATE MRYL	. (	ived. If instituti b. COUNTY		fore odmission)	
Ь.	CITY OR TOWN ( RURAL and give n  WELL		write c. LENGTH OF	STAY IN 16	c. CITY OR TOWN	(If outside corporo	te limits, write F	URAL and give n	earest town)	
d.		FOXLEIGH	16	E	d. STREET ADDRES	S	RdqLE	RO	e. IS RESIDEN ON A FAR YES NO	RM?
DI	AME OF ECEASED ype or print)	PEBECCA First		Middle Schu	Last	4. DATE OF DEATH	Mor	th - Z6	Day Year	59
5. SE	X HOLE	. /	MARRIED NEVER	MARRIED   B.	DATE OF BIRTH	9.	AGE (In years lost birthdoy)	Months Doys	1	HRS. Min.
10a.	USUAL OCCUPATION  during mast of wor	ON (Give kind of work do king life, even if retired)	ne 10b. KIND OF BUSIN	NESS OR INDUST	1	tate or foreign cour	ntry)	1 .	S.D	UTRY?
13. F/	SOUL				14. MOTHER'S MAIDI					
15. W (Yes, s	/AS DECEASED EVE	R IN U. S. ARMED FORCE (If yes, give wor or dates of serv	S? 16. SOCIAL SECURI	TY NO. IN	FORMANT Lron Scho	vaber- 3	Add 3 2.39 7	Pow 4977	AN A	tue
	Canditians, if a gove rise to i cause (o), stating lying cause lost.	mmediate the under- C) DUE TO (c)	# ٧10	Priose	evotic [	TRAVI	DISCO	176	NSET AND DEA	
CATION	PART II. OTI	HER SIGNIFICANT CONDI	TIONS CONTRIBUTING	O DEATH BUT N		ERMINAL DISEASE	CONDITION GI	/EN IN PART 1(o)	19. WAS AUTO PERFORME YES NO	D?
CERTIFI	OR CONTRIBUTING	AS UNDERLYING 20 CAUSE OF DEATH MEDICAL EXAMINER)	06. DESCRIBE HOW INJ	URY OCCURRED.	(Enter nature of injury	y in Port   or Port	l af item 1B.)			
MEDICAL	Oc. TIME OF INJUR Hour o. m. p. m.	RY Month, Day, Year 19	20d. INJURY OCCURR While Not while at work ot work	focte	CE OF INJURY (Hame, pry, street, office bldg.,		r town)	(Count)	r) (	(Stote)
S	21. I certify the control of the control of the certify the certific the certification that certific the certi	oot I attended the construction of the constru	5-1	that death	1925, to occurred at \$17			that I lost so ad on the do (state)		oove.
77	BURIAL, CREMATIC REMOVAL (Specify		9 22c. NAME O	F CEMETERY OR			ON (City, town,	ar county)	(State)	
	UNERAL DIRECTOR	'S SIGNATURE	o Eutaus	Place		JUN 3 0 '59		STRAR'S SIGNAT		



VS A15 (4) 15M 9/55

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6529 CERTIFICATE OF DEATH

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ea.	Dist (	No	U	4	47	

20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  20c. TIME OF INJURY Month, Day, Year 19 While of work o	U	UNU		Keg. Dis	it, No.
REAL OR OF CALONSYLLE  d. NAME OF ROSPITAL (If not in hospital, give street oddress)  J. STREET ADDRESS  MCDONOUGH ROAD  A. STREET ADDRESS  MCDONOUGH ROAD  A. DATE ORATH	a COUNTY -	MARYLAND	n STATE	1 00	
d. NAME OF NOSTIAL (If not in hospital, give street address) SPRING GROVE STATE HOSPITAL  Middle Scott State  LOI STATE HOSPITAL  Middle Scott State  LOI STATE HOSPITAL  Nonth Open print)  S. SEX  LO COLOR OR RACE  Milte White Whowed  Nonth Nonth Open print)  Nonth Open print)  Nonth Open print)  S. SEX  LO COLOR OR RACE  Nonth Open print)  Nonth Open print Open print)  Nonth Open print)  Nonth Open print)  Nonth Open print Open print)  Nonth Open print Open print)  Nonth Open print)		vrite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	itside carporate limits, write RURAL and g	ive nearest tawn)
d. SAME OF HOSPITAL (If not in hospital, give street oddiests)  SPRING GROVE STATE HOSPITAL    Middle   Scott   South   South	Catonsville	lyrllmth23dys	X Randalls	town. Maryland	
SPRING GROVE STATE HOSPITAL Middle Court Robbits Road Proper print)  1. NAME OF PRINT ROBBITS ROAD ROAD ROAD ROAD ROBBITS ROAD ROAD ROAD ROBBITS ROAD ROAD ROAD ROAD ROAD ROAD ROAD ROAD	d. NAME OF HOSPITAL (If not in hospital, give	street address)			
2. NAME of DECEASED   19   19   19   19   19   19   19   1	SPRING GROVE STATE HO	OSPITAL	McDonough Ro	oad	
DECEASED  ON STANDARD White   Description	3. NAME OF First	Middle			Day Year
The set of	(Type or print) Winf:		Scott	OF DEATH June	9 19 19
10.0 USAL OCCUPATION (Give kind of work doine)   106. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (State or foreign country)   12. CHIZEN OF WHAT COUNTY during most of working life, seem I retired   12. CHIZEN OF WHAT COUNTY during most of working life, seem I retired   12. CHIZEN OF WHAT COUNTY   12. MOTHER NAME   14. MOTHER NAME   14. MOTHER NAME   15. WAS DECEASEDEVER IN U. S. ARME OF FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   18. MOTHER NAME   18. WAS DECEASEDEVER IN U. S. ARME OF FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   18. CAUSE OF DEATH   18. CAUSE OF DEATH   18. CAUSE OF DEATH   18. CAUSE OF DEATH   18. DEATH WAS CAUSED BY.   18. MOTHER SIGNIFICANT CONDITIONS CONTRIBUTING OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o)   19. WAS AUTOFSY PER OWNED   18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o)   19. WAS AUTOFSY PER OWNED   18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o)   19. WAS AUTOFSY PER OWNED   18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o)   19. WAS AUTOFSY PER OWNED   19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o)   19. WAS AUTOFSY PER OWNED   19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o)   19. WAS AUTOFSY PER OWNED   1		MARRIED NEVER MARRIED		9. AGE (In years IF UNDER	
CONSTRUCTION WORKER'S MANE    AMOTHER'S MANE   MOTHER'S MANE   MOTHER'S MANDER NAME   MOTHE	male white w	DOWED DIVORCED	March 19, 187	72   87 yrs.   """	Days Hours Min.
15. WAS DECEASEDEVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  21.2 - 26 - 9080  17. INFORMANT  Records: SPRING GROVE STATE HOSPITAL  18. CAUSE OF DRATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSE BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gove rise to immediate couse (c), stoling the under (c).  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  PART II. OTHER SIGNIFICANT MEDICAL EXAMINERS  200. TIME OF INJURY MEDICAL EXAMINERS  100. DESCRIBE HOW INJURY OCCURRED WITH PART I are PART II of item 18.)  110. THE TOTAL CREMATION I CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  110. THE TOTAL CREMATION I CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  110. THE TOTAL CREMATION I CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  110. THE TOTAL CREMATION I CONTRIBUTION TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)  110. THE TOTAL CREMATION I C	construction worker	Cappenter Lumb	Maryland 14 MOTHER'S MAIDEN NA	U.	S. A.
Condition, if any, which gover its to immediate couse (c), isolated by the part ii. Other significant conditions contributing to death but not related to the terminal disease condition given in but in immediate couse (c), isolate by the part ii. Other significant conditions contributing to death but not related to the terminal disease condition given in part i(c)   19. Was autors of the part ii. Other significant conditions contributing to death but not related to the terminal disease condition given in part i(c)   19. Was autors of the part ii. Other significant conditions contributing to death but not related to the terminal disease condition given in part i(c)   19. Was autors of the part ii. Other significant conditions contributing to death but not related to the terminal disease condition given in part i(c)   19. Was autors of the part ii. Other significant conditions contributing to death but not related to the terminal disease condition given in part i(c)   19. Was autors of the part ii. Other significant conditions contributing to death but not related to the terminal disease condition given in part i(c)   19. Was autors of the part ii. Other significant conditions contributing to death but not related to the terminal disease condition given in part i(c)   19. Was autors of the part ii. Other significant iii. Other significant			44044	144	
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (a)  Canditions, if any, which gave rise to immediate couse (a), stoling the under lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)  PART II. DEATH WAS CAUSE (b)  PART II. DEATH	(Yes, no or unknown) (If yes, give wor or dates of service	0			OSPITAL
TAKE IT. DEATH WAS LOSSED BY TO DUE TO CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES DUE TO LYING COURSE IN THE THEORY OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DO CONTRIBUTION OF CONTRIBUTION		per line for (a), (b), and (c).			
Conditions, if any, which gave rise to immediate cause (a), stating the under lying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)  20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year and Indian Not while of work of wor	PART I. DEATH WAS CAUSED BY:	Engine wie to	on + delus	dration	ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause (a), stating the under lying couse last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMEDY YES NO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year and the deceased from April 8, 19.58, to June 19. That I lost saw the decease alive on 19. That I attended the deceased from April 8, 19.58, to June 19. That I lost saw the decease alive on 19. That I attended the deceased from April 8, 19.58, to June 19. That I lost saw the decease alive on 19. That I lost saw the deceased from 19. Spring GROVE STATE HOSPITAL  220c. BURIAL CREMATION, 19. Day Date Thereof 19. Date sign Actual 19. Spring GROVE STATE HOSPITAL 19. S	19/3 DUE TO	1	/		
The state of the s	Conditions if any which	Carcinona	eniclemin	as the town	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.)  20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While of work   30 work   31 work   31 work   31 work   31 work   31 work   32 work   32 work   32 work   34 work	gave rise to immediate cause (a), stating the under-	, , , , , , , , , , , , , , , , , , ,	7		
200. ACCIDENT WAS UNDERRYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  200. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work of work at work  20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work at work  20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work at work  20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work at work  20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Rectary, street, affice bldg., etc.)  20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Rectary, street, affice bldg., etc.)  20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Rectary, street, affice bldg., etc.)  20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Rectary, street, affice bldg., etc.)  20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Rectary, street, affice bldg., etc.)  20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Rectary, street, affice bldg., etc.)  20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Rectary, street, affice bldg., etc.)  20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Rectary, street, affice bldg., etc.)  20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Rectary, street, affice bldg., etc.)  20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Rectary, street, affice bldg., etc.)  20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Rectary, street, affice bldg., etc.)  20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Rectary, street, affice bldg., etc.)  20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Rectary, street, affice bldg., etc.)  20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Rectary, street, affice bldg., etc.)  20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Rectary, street, affice bldg., etc.)  20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Rectary, street, affice bldg., etc.)  20c. TIME OF INJURY MONTH, Doy, Town, a	Z BART II OTHER SICALISICANT CONDITI	ONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN IN PART	1 (a) 19. WAS AUTOPSY PERFORMED? YES NO
Haur a.m.  19 While of work of	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Po	art I or Part II of item 18.)	
alive on		While Nat while fac	ACE OF INJURY (Hame, farm, stary, street, affice bldg., etc.)	20f. (City or tawn) (C	ounty) (State)
alive on	21. I certify that I attended the de	ceased from April (	3 . 19 58 . to	Time 8 1959 that 11	ast saw the deceased
PHYSICIAN'S NAME (Type)  Z20. BURIAL CREMATION.   22b. DATE THEREOF   22c. NAME OF CEMETERY OR CREMATORY   22d. LOCATION (City, town, or county)   (Stole)   Burial   Catomatory   Burial   Catomatory   Burial   Catomatory   Cat	7		accurred at 1.10	M, from the causes and on th	
NAME (Type)   Catonsville 28, Maryland	SIGNATURE	- Avent	M.D. SPRING GR	OVE STATE HOSPIT	AL 6-9-13
Burial (Specify) 6/11/59 Loudon Park Cem. Baltimore, Md.  23. FRINERAL DIRECTOR'S SIGNATURE ADDRESS JAGO. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE		uerk, M.D.	Catonsvil	le 28, Maryland	**************************************
23. FUNERAL DIRECTOR'S SUSTNATURE ADDIESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	REMOVAL (Specify)		_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(State)
					NATURE
////	Mm. J. Vickne	o & four - D	ADINIT		
V VVVV			· Ma.		

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	A.H. See T. Section 1

MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE, 19

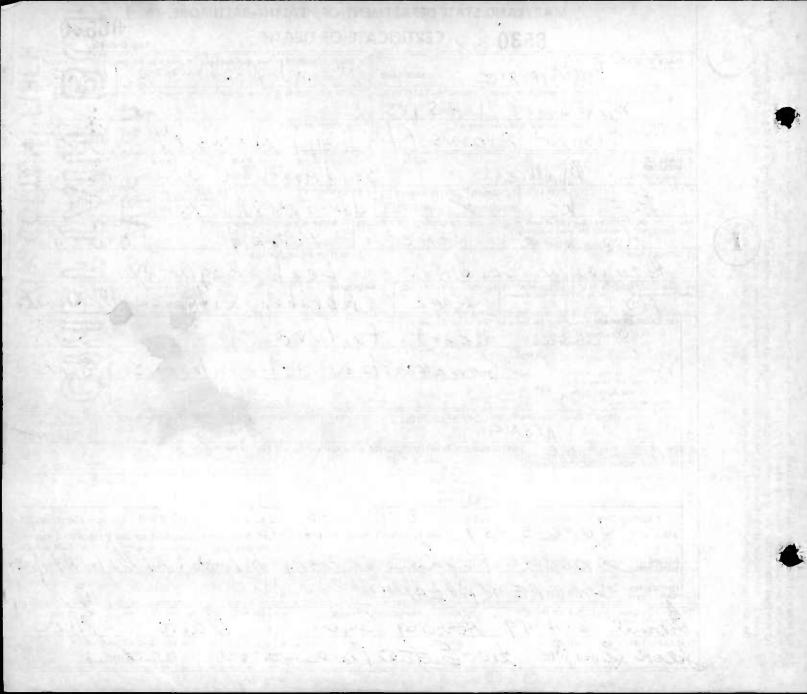
VS A1S (4) 1SM 9/S8

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 6530

0652()
Reg. Dist. No.

	0000				Keg. Dist.	
1. PLACE OF DEAT a. COUNTY	"Baltimor	e MARYLAN	n STATE	here deceased lived. If in	nstitution: Residence bounty Balt	pefore admission)
b. CITY OR TOW RURAL and gi	VN (If autside carporate limits, wrive nearest fown)	e c. LENGTH OF STAY IN 1 45475	c. CITY OR TOWN (If	autside carporote limits, v	write RURAL and give	nearest tawn)
d. NAME OF HO OR INSTITUTI	OSPITAL (If nat in haspital, give str	lbans Ro	d. STREET ADDRESS	Albans	RI	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Mollie	Middle	Seidman	4. DATE OF DEATH	Manth UNE /	3 1959
5. SEX /	14/.	ARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH	9. AGE (In last birth		AR IF UNDER 24 HRS. ys Hours Min.
during most of	PATION (Give kind of work dane I warking life, even if retired)	Ob. KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (State	2111	12. CITIZEN	WHAT COUNTRY?
13. FATHER'S NAME	VJAMIN S	21 d Man	14. MOTHER'S MAIDEN	NAME BAGIA	vsky	
1S. WAS DECEASED	DEVER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO.	Novaha	M Seidni	Address 13115	+ Albanska
	DEATH [Enter only one cause por DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	r line for (a), (b), and (c).]	failure			NTERVAL BETWEEN ONSET AND DEATH
gave rise t	if any, which to immediate ting the under-	GENENAY	lized ar	terioscler	10315	8 Yrs
_	OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TERM	AINAL DISEASE CONDITIC	ON GIVEN IN PART 1(c	19. WAS AUTOPSY PERFORMED? YES NO
□ OR CONTRIBUT	T WAS UNDERLYING THE TING CAUSE OF DEATH OTHER MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in	Part I ar Part II of item 1	IB.)	
ZOc. TIME OF IN Haur a. p.	m. W	1. INJURY OCCURRED 20e. iile Nat while work at work	PLACE OF INJURY (Home, far. factory, street, affice bldg., et		(Caun	nty) (State)
21. I certify alive on	that I attended the deco		1946, to 1946 occurred at 6 = 40 pt. 3314		es and an the de	saw the deceased ate stated abave DATE SIGNED HOR, M.J. 6/13
PHYSICIAN'S NAME (Type)	ISAOORE	KAPLANT	1.12			
REMOVAL (Spe	991) 6-111-10	Herring	OPEREMATORY	22d. LOCATION (City,	town, ar county)	Misored
23. JUNERAL DIRECT	TOPSIGNATURE 2	100 Esetul	Place DATE !!	D BY REGISTRAR 24b	Chilling & Ki	



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VS A15 (4) 15M 10/57

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 6531

1	ı	U	5	2	1

1. PLACE OF DEATH  o. COUNTY		MARYLAND	2. USUAL RESIDENCE (WE O. STATE Maryland	here deceased lived. If in b. CO		e before admission)	
Baltimore	tside corporate limits, write						
RURAL and give neares	st town)			outside corporote limits, v		ive nearest town)	~
Fort Howar		43 Days	Baltimore	9 (5	) 3V0	1-4	
d. NAME OF HOSPITAL ( OR INSTITUTION	If not in hospital, give stree	et oddress)	d. STREET ADDRESS			e. IS RESIDEI	NCE
Veterans Adm				zerne Avenu	ae	YES N	
3. NAME OF (Serve (Type or print)	d as first IRW IRVIN	IN J. Middle SEY	(FFERTH):: SEYFFERTH	4. DATE OF DEATH	Month June	Day Yeor 16 19	59
5. SEX 6.	COLOR OR RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In		YEAR IF UNDER 2	
		WED DIVORCED	September 7.	1903 55 birth	doy) Months	Doys Hours	Min.
		b. KIND OF BUSINESS OR INDI				ZEN OF WHAT CO	HINITOV
	life, even if retired)	b. KIND OF BUSINESS OR INDU	Palhimana	Marral and			DIVINI
Laborer  13. FATHER'S NAME	] 0	ity Government	Baltimore,		U.	S. A.	
13. PATHER S NAME			14. MOTHER'S MAIDEN N	VAME			
Charles Sey			Ada Burke				
15. WAS DECEASED EVER IN	U. S. ARMED FORCES? 16 s, give war or dates of service)	6. SOCIAL SECURITY NO. 17. I	INFORMANT		Address		
	II	218-03-8765 CI	lin.Rec., Vet.	Adm. Hospital	.Ft. Howa	ard, Mary	Land
18. CAUSE OF DEATH	[Enter only one couse per					INTERVAL BETWI	
PART I. DEATH	WAS CAUSED BY:	RCINOMATOSIS OF	F UNKNOWN PRIA	MARY STIE		THE NOW DE	ATH
199.2	MEDIATE CAUSE (o) UA  DUE TO	TOTHORISTOP OF	OHIDIOHII ZILZI	ARIA DATA		O LIZZIONI L	
						1	
Conditions, if ony, gove rise to imme	ediote						
couse (o), stoting the							
lying couse lost.	) (c)						
PART II. OTHER S	IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITIO	N GIVEN IN PART	1(0) 19. WAS AUT	OPSY
3 Operation -	Subtotal ga	stric resection	I for orecorn	g auogenal i	meer 5/2	ES N	
별 20a. ACCIDENT WAS U						1	0 2
PART II. OTHER S OPERATION - O	CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Part II of item 1	8.)		○ <u>[</u> <u> </u>
	CAUSE OF DEATH DICAL EXAMINER)						
20c. TIME OF INJURY /	Month, Day, Year 20d.	INJURY OCCURRED 20e. PL	D. (Enter noture of injury in the ACE OF INJURY (Home, form clory, street, office bldg., etc.	, 20f. (City or town)			(Stote)
20c. TIME OF INJURY / Haur o. m. p. m.	CAUSE OF DEATH DICAL EXAMINER)  Month, Day, Year 20d. Whil	INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form clory, street, office bldg., etc.	n, 20f. (City or town)	(C	ounty) (	(Stote)
20c. TIME OF INJURY I Hour o. m. p. m.	CAUSE OF DEATH  DICAL EXAMINER)  Month, Day, Year 20d.  19 Whil of wo	INJURY OCCURRED 20e. PL le Not while for ork of work are of work are of the property of the pr	ACE OF INJURY (Home, form ctory, street, office bldg., etc.	20f. (City or town)	(c)	ounty) (	(Stote)
20c. TIME OF INJURY / Hour o. m. p. m. 21. I certify thatX	CAUSE OF DEATH  DICAL EXAMINER)  Month, Day, Year 20d.  19 Whil of wo	INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form clory, street, office bldg., etc. 1959, to 11 occurred at 4:10]	une 16 19	(Co	ounty) (	(Stote)
20c. TIME OF INJURY / Hour o. m. p. m. 21. I certify that X	CAUSE OF DEATH  DICAL EXAMINER)  Month, Day, Year 20d.  19 Whill of will  attended the decec	INJURY OCCURRED    Not while   10   10   10   10   10   10   10   1	ACE OF INJURY (Home, form clory, street, office bldg., etc. 1959, to 11 occurred at 4:10]	20f. (City or town)	(Co	ounty)	(Stote)
20c. TIME OF INJURY / Hour o. m. p. m. 21. I certify thatX	CAUSE OF DEATH  DICAL EXAMINER)  Month, Day, Year 20d.  19 Whil of wo	INJURY OCCURRED  le Not while for ork of work and that death	ACE OF INJURY (Home, form clory, street, office bldg., etc. 1959, to 11 occurred at 4:10]	une 16 19  P.M. fram the cau	(Co. See and an the town, stote)	ounty)	(Stote)
20c. TIME OF INJURY Hour o. m. p. m.  21. I certify that A  ACTUAL SIGNATURE	CAUSE OF DEATH  Month, Day, Year 20d.  19 While of with the decection of t	INJURY OCCURRED  le Not while for ork of work one of work one of work one of work one of the control of the con	ACE OF INJURY (Home, form clory, street, office bldg., etc.  1 , 1959, to J.  1 occurred at 4:101  M.D. VAH, FORT	une 16 19 P.M. fram the cau ADDRESS (Street, city or HOWARD, MAI	(Co. See and an the town, stote)	ounty)	(Stote)
20c. TIME OF INJURY Hour o. m. p. m.  21. I certify that  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  W.	Month, Day, Year 19 While of w. A attended the decection of the control of the co	INJURY OCCURRED    PL   Pl   Pot while   Pot work   Pl   Pot work   Pl   Pot work   Pl   Pot work   Pl   Pl   Pl   Pl   Pl   Pl   Pl   P	ACE OF INJURY (Home, form clory, street, office bldg., etc.  1 , 1959, to J. occurred at 4:101  M.D. VAH, FORT  Professional	une 16 19 P.M. fram the cau ADDRESS (Street, city or HOWARD, MAI	CONTRACTOR Ses and an th town, stote) RYLAND	ounty)	(Stote)
20c. TIME OF INJURY Hour o. m. p. m.  21. I certify that of the composition of the compos	CAUSE OF DEATH  DICAL EXAMINER)  Wonth, Day, Year 20d.  White of with the decection of the	INJURY OCCURRED    Possed   Po	ACE OF INJURY Home, form clory, street, office bldg., etc.  1 , 1959, to J. occurred at 4:101  M.D. VAH, FORT  Professional	20f. (City or town)  1 20f. (City or town)  2 4 6 6 7 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7	59 WEXER ses and an th town, stote) RYLAND own, or county)	e date stated of DATE  6/17/	(Stote)
20c. TIME OF INJURY Hour o. m. p. m.  21. I certify that of the control of the co	CAUSE OF DEATH  CAUSE OF DEATH	INJURY OCCURRED    Not while   20e. PL     Not while   10e   10e     Not while   10e	ACE OF INJURY (Home, form clory, street, office bldg., etc.  1 , 1959, to Ji  1 occurred at 4:101  M.D. VAH, FORT  Professional  OR CREMATORY  tional Cem.	p.M., fram the cau ADDRESS (Street, city or HOWARD, MAI Services 22d. LOCATION (City, the Baltimore)	59 WEXES ses and an th town, stote) RYLAND own, or county) Marylanc	ounty)  GY SOW THE VER  e date stated of DATE  6/17/	(Stote)
20c. TIME OF INJURY Hour o. m. p. m.  21. I certify that of the control of the co	CAUSE OF DEATH  DICAL EXAMINER)  Wonth, Day, Year 20d.  White of wind white of wind wind wind wind wind wind wind wind	INJURY OCCURRED    Possed   Po	ACE OF INJURY (Home, form clory, street, office bldg., etc.  1 , 1959, to June occurred at 4:101  M.D. VAH, FORT  Professional  OR CREMATORY  tional Cem.  Road  24c. REC.	20f. (City or town)  1 20f. (City or town)  2 4 6 6 7 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7	59 WEXES ses and an th town, stote) RYLAND own, or county) Marylanc	e date stated of DATE  6/17/  (Stote)  1  NAJURE	(Stote)

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shauld be filled

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

06522

		0.	032	CERTI	FICA	ATE OF	DEATH			Reg. D	ist. No.		
	PLACE OF DEATH o. COUNTY BALTIN	ORE		MARY	LAND	o. STATE	SIDENCE (Whe	re deceased	lived. If institut b. COUNTY		nce befor	e odmissi	ion)
	b. CITY OR TOWN (If RURAL ond give ne	outside corporate limit	ts, write	LENGTH OF STAY	IN 1b	c. CITY O	R TOWN (If ou	tside corpoi	ote limits, write l	RURAL ond	give nea	rest town	1)
	GARRISC			two Da	ays	BAL	TIMORE	2	3	Vo.	1-4		
	d. NAME OF HOSPITA OR INSTITUTION FOXLEIGH	AL (If not in hospitol, g H NURSING				d. STREET	ADDRESS 7 EAST	NOR	TH AVEN	IUE			FARM?
	NAME OF DECEASED (Type or print)	BERTH	st A	Middle		HAEFI		4. DATE OF DEATH	JUN		Day		Yeor 1959
j.	SEX F	6. COLOR OR RACE	7. MARRIE				16,189		9. AGE (In years lost birthdoy) 64 yrs.	Months	R 1 YEAR Doys	Hours Hours	R 24 HR Min.
	o. USUAL OCCUPATION during most of working TAILOR	N (Give kind of work of ing life, even if retired)	THINE	ND OF BUSINESS C			PLACE (Stote o				J.S.		OUNTRY
13.	FATHER'S NAME BERNA	ARD SCHAE	FER				ARGARE		RICH				
1S. (Ye	WAS DECEASED EVER	IN U. S. ARMED FOR If yes, give war or dates of se	CES? 16. SC 14 05	- /	). IF	R. THO	MAS MA	Y 8	Add 20 EAST	dress NOF	RTH .	AVE	NUE
	PART I. DEAT  175.0  Conditions, if on gove rise to in	nmediote (	085	for (o), (b), and (c). TAUCTIV donuma	E							MU Succession	
CERTIFICATION	Lying couse lost.  PART II. OTH	ER SIGNIFICANT CON									RT 1(0) 15	PERFO	AUTOPS) PRMED?
ERTIFIC	20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	IBE HOW INJURY O	CCURRED	). (Enter noture	of injury in Po	ort I or Port	II of item 18.)	4			
MEDICAL C	20c. TIME OF INJURY	Month, Doy, Yea	or 20d. INJ	URY OCCURRED		CE OF INJURY	(Home, form,		or town)		(County)		(Stote

may be retained The haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of event within 73 hours after death the registrar priar ta burial, crematian, ar remaval, TO HOSPITAL OR

PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, PEMOVAL (Specify) BURIAL

ACTUAL SIGNATURE

22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY GARDEN FAITHS OF

22d. LOCATION (City, town, or county)

(Stote) MARYLAND.

23. FUNERAL DIRECTOR'S SIGNATURE & SONS HENRY SANDER & SONS BALTIMORE MARYLAND. INCPORESS

BALTIMORE 24a. REC'D BY REGISTRAR JUN 4

DATE

24b. REGISTRAR'S SIGNATURE arthur S. House

VS A1S (4) 1SM 9/SB

A STATE OF STREET STATES TARREST TO THE CONTROL OF THE REPORT OF THE PROPERTY OF THE PARTY OF T WHAT I WHOM THAT OLD YEAR BARNET HE TO SEE TO SEE TO SEE The same of the same and the WATER STATE OF THE WATER OF THE PARTY OF THE

## FOR STATE HEALTH DEPT.

or, please or, Page or files. M

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If ony delay is necessive the care the care the variety of the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral of a should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your DINERAL DIRECTOR: Page 3 should be used as o burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, ar removal, and in any event within 724000, offer death.

VS. ATSME 5M 2/57

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 116523 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 6533 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Ba	ltimore		MARY	LAND	2. USUAL RESIDENCE 0. STATE Mail	(Where dece		institution OUNTY		e before odm	
b. CITY OR TOWN (III and give negres) Igwn	autido carparate limits, writ	e RURAL	c. LENGTH OF STAY	NIB	c. CITY OR TOWN	(If outside co	rporete limits	, write RUI	RAL and gi	ive neorest to	wn)
Catonsvil			2yr3mth12c	tys	Takoma	Park ,	Maryla	and	161	7.2	V
d. NAME OF HOSPIT	AL OR INSTITUTION	If not in hos	pital, give street address	)	d. STREET ADDRESS	S					ESIDENCE
SPRING GRO	VE STATE	HOSPI	TAL		1208 E	Ison F	Place				A LARM?
3. NAME OF DECEASED	Fir	sf	Middle		Lost	4. DATE		Month		Day	fear
(Type or print)	Har	vey	Lee		Sherier	OF DEATH		Juna	7'	7 1	9 59
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	□ 8.	DATE OF BIRTH		9. AGE (In last birthdo	years IF	UNDER TY	EAR IF UND	ER 24 HRS.
male	white	WIDOWED	DIVORCED [	ם כ	Jan. 25, 18	881	78	yrs. Me	onths Do	ys Hours	Min.
10a. USUAL OCCUPATIO	ON (Give kind of work g life, even if retired)	done 10b. K	IND OF BUSINESS OR I	NDUSTR	Y 11. BIRTHPLACE (Ste	ote or foreign	country)		12. CITIZE	N OF WHAT	COUNTRY?
blacksmit					Washin	gton,	D. C.		II.	. S. A	
13. FATHER'S NAME					14. MOTHER'S MAIDEN				- 0		•
John	C. Sherier				Marv	M. Bur	ch				
15. WAS DECEASED EV			SOCIAL SECURITY NO.	17. IN	FORMANT			ddress			
unknown	(If yes, give war or dates at		unkNown	1	Records: S	PRING	GROVE	STA	य प्राप	HOSPIT	AT
18. CAUSE OF DEA	TH [Enter only one car					202100	Cuto vis			INTERVAL BETW	EN
PART I. DEAT	H WAS CAUSED BY:	Cor	gestive hea	rt.	failure					ONSET AND DE	ATH
14221	DUE TO		B0 - 02 - 0								
Conditions, If a		Art	eriosclero	hi e	cardiovasco	lar di	Sease				
gave rise to immed	diate couse						10000		1		
(a), staling the cause last.	(c										
PART II. OTH			NTRIBUTING TO DEATH	BUTN	OT RELATED TO THE TER	MINAL DISEA	SE CONDITIO	N GIVEN	IN PART 1	(o) 19. WAS PERFO YES KI	RMED?
20a. EXTERNAL CAL	JSE WAS 20	b. DESCRIBE	HOW INJURY OCCUR	RED. (En	ter noture of injury in f	Port Lor Port I	I of item 18.)	On 5	-20-5		NO []
PRIMARY Or COI	ATRIBUTING []	fell,	striking, r	t	side agains	t wash	basin	. sus	taini	no fra	cture
3 20c. TIME OF INJUI	Y Month, Day, Yes	OT 11	striking r th and Toth	e. PLAC	DOSTERLOR E OF INJURY (Home, for	orm. 120f. (Ci	ty or town)	,	(County	1)	(State)
20c. TIME OF INJUIT	۲ ۵۵ ۱۹۳	l While	Not while	rucius	y, street, office bldg., e Sp <b>yal</b>	1					
	at Ltack charge		emains described			10	atons v	TITE			
				-				grantery .	Inquiry		d in my
opinian death	resulted fram: 1	vatural c	auses Accid	ent L	, Suicide ,	Homicide	e [], Ur	ndelermi	ned ma	nner	
ACTUAL	1. 1	n f	. 11		CHIEF HERICA	EW A 1 41 15 - 5	,			DATE S	IGNED
SIGNATURE	ut.	The	egger		M.D. CHIEF MEDICAL						
EXAMINER'S NAME (Type)	George M.	Kieff	er, M. D.		DEPUTY MEDICA					6-17-5	59
REMOVAL (Specify)	N, 226. DATE THERECO	1959	22c. NAME OF CEMETE	RY OR C	REMATORY	22d. LOC	ATION (City.	tous	ounty)	(Stote	2.
23. FUNERAL DIRECTOR	s stonature & hase fr	intra	ADDRESS 107 PHONK W	na	2.007   240. RE	JUN 2 7			LANG 2.		

The same state of the same of the same same and Actions of March Description of the Section ENGAGENCY TO STEE LESS at the

## 6534 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06524

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	Keg. Dist. No.
I. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
Baltimore MARYLAND	o. STATE Maryland b. COUNTY Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Hereford 15 years	X rural Hereford
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
	ON A FARM?
3. NAME OF	Parkton RD YES NO
DECEASED	Last 4. DATE Month Day Year
(Type or print) Wallace Bruce Simons	DEATH June 28 1959
5. SEX 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED 1 8.	
Male White WIDOWED DIVORCED	Jan. 8. 1888 71 yrs. Months Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
during most or working life, even if retired)	
Farmer Gen. Farming	Grason Co. Virginia U.S.A.
(하네 ) 그 사람이 있는 것 같은 하시는 데 에스티 등로 하나 사람이 얼굴하셨다면 하셨다.	14. MOTHER'S MAIDEN NAME
Gus Simons	Queen Copler
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	FORMANT Address
	rs. W. B. Simons Parkton, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions If any artists	ON INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate cause (a), stoting the underlying cause lost. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (En	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	ter noture of injury in Port I or Part II af item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLAC While Not while of work 19 m. 19	E OF INJURY (Home, farm, y, street, affice bidg., etc.) (City or town) (County) (Stote)
21. I certify that I took charge of the remains described above death resulted from: Natural causes . Accident . Suice	
SIGNATURE CI. M. Trance	M.D. CHIEF MEDICAL EXAMINER []
EXAMINER'S NAME (Typo) A.M.France	ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER   6/28/59
Page Burial, Cremation, 22b. Date thereof 22c. Name of Cemetery or C	REMATORY 22d. LOCATION (City, tawn, or county) (Stote)
Burial  7/1/1959   St. James	Monkton Maryland
	The state of the s
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charles 6. Ayrab Jarrelleve	24a. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE

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VS. A15ME(5) 5M 9/55

# municipal program ALTERNATION OF THE SECOND CONTRACTOR OF THE PARTY OF THE Ele-36-37 Lto. I. B. Simona - Naviton, Ed. arote pao a transporte de la companion de la c Section of the first of the section derisi di Alera denes denes della di Alera de

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Randallstown, Md.

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06526

6536	CERTIFICATE O	F DEATH

- 1		UUUU	keg. Dist. 140.		
		ACE OF DEATH COUNTY  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY			
		II (Timot, e Pous Ateau, Ma	Maryland Baltimore		
	·	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)		
		Long Green Life	Long Green, Maryland		
		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?		
		Long Green , Md.	Same ON A FARM? YES NO		
	- 1	NAME OF First Middle DECEASED Type or print) Eleanor Green	Smith  A. DATE Month Doy Year DEATH June 10, 1959		
	5. 9	Female   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   DIVORCED	B. DATE OF BIRTH  July 24, 1888  9. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS.  Months Days Hours Min.		
	10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI- during most of working life, even if retired)	USTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?		
		Housewife	Long Green, Md. USA		
П	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
		Dr. John S. Green, Sr.	Ella Baldwin		
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.  no. or unknown)   (If yes, give wor or dates of service)	INFORMANT Address		
			J. Jackson Smith		
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART 1. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH		
		420.1 DUE TO New ortensuis Cordinas - Dix 5 whis			
		gave rise to immediate couse (o), stating the <u>under-lying cause lost.</u> (b)  DUE TO  (c)			
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO		
		20g. ACCIDENT WAS UNDERLYING ACCOUNT 20b. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING ACCOUNT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I or Port II of item 18.)		
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while of work of work	PLACE OF INJURY (Hame, form, octory, street, office bldg., etc.) (City or lown) (County) (State)		
		21. I certify that Vattended the deceased from 317 alive on 619 and that deat	h accurred at 4 P.M. from the causes and an the date stated above.		
		ACTUAL SIGNATURE STORES (Street, city or flown, stote) DATE SIGNED SIGNATURE SIGNATURE STORES (Street, city or flown, stote) DATE SIGNED			
		PHYSICIAN'S CLIFFORDE	HUDSON FORKMD		
		BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY (			
		Burial June 13, 1959 Chestnut ADDRESS Presb.	Com 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE		
	_	Henry W. Jenkins & Sons Co. Bal			

VS A15 (4) 15M 10/57

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06527

6537 CERTIFICATE OF DEATH Reg. Dist. No.				
1. PLACE OF DEATH o. COUNTY  BAITMORE  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. STATE b. SQUINTY			
b. CITY OR TOWN (If autiside corporate limits, write RURAL and give negret town)  BAC  45  15  16  17  18  18  18  18  18  18  18  18  18	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			
d. NAME OF ROSPITAL (If not in haspital, give street address) OR INSTITUTION BACK RIVEY NECK Rd	829 Back RIVEY NECK ON A FARM?			
3. NAME OF DECEASED (Type or print) REV. First First Sh. Middle Sh.	1. The Day Year OF DEATH JUNE 26, 1959			
M. C, WIDOWED DIVORCED	B. DATE OF BIRTH  DEC. 25,1898  9. AGE (In years last birthday)  Manths Days Haurs Min.			
10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDU during mon of working life, even refired)	STRY 11. BIRTHPLACE IS of or foleign country) 12. CITIZEN OF WHAT COUNTRY			
NELSON Smith	14. MOTHER'S MAIDEN NAME  NE/SO4			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no or upknown) (If yes, give wor or dates of service)	Elsif Smith 829 Back Rivi			
18. CAUSE OF DEATH [Enter only one cause per line for (a) (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a).	sular accident 626			
Canditions, if ony, which gave rise to immediate cause (a), stating the underlying couse last.  DUE TO  (b)  Authorized  (b)  DUE TO  (c)	estic Cardeovasular 2 yrs			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES \[ \ NO \[ \]			
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Part I ar Part II af item 18.)			
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED to the following p. m. 19 at work 10 at wark 11 at work 12 at work 12 at work 12 at work 13 at work 12 at work 13 at work 14 at work 15 at w	ACE OF INJURY (Hame, farm, ctary, street, affice bldg., etc.) (City or tawn) (Caunty) (State)			
21. I certify that I attended the deceased from the factor of the control of the	n occurred at 1 P. M., from the couses and on the date stated above  Aporess (Street, city or town, state)  ADDITION OF THE SIGNET  ADDITION OF THE SIGNET OF TH			
PHYSICIAN'S NAME (Type)				
220. BURIAL, CREMATION. 22b. DATE THEREOF 22c, NAME OF CEMETERY CONTROL (Specify) 6-29-59 MT. CALV	Ary CEM. A A COUNTY Mel			
23 FUNERAL DIRECTOR'S SIGNATURE Clicken 1/29	1. Carolyne UN 3 0 159 24b. REGISTRAR'S SIGNATURE CARRIED ARTHUR			

may be retaine the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by to funeral director, name 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed-with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours after death.

ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft

death. Page 4

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TO HOSPITAL OR

The second second ZACK MIKE + SYCH FICK MIEE SIF LACK BURE WEST OF BUT RACK SEVEN NEXT OF MEN FRANCE CONTRACTOR SOME SO CO VILLO COMPANDO COM the first circulation of the state of the All the property of the Else - 1015 3213 BURIAL B-ETIST MIT CHINE LEW. A. A. COMMING THE The terms of the same

VS A15 (4) 1SM 9/58

6538 **CERTIFICATE OF DEATH**  06528

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Baltimore	MARYLAI	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland Baltimore					
b. CITY OR TOWN RURAL and give	(If autside carporate limit	s, write c. LENGTH OF STAY IN	c. CITY OR		corporate limits, write l	RURAL ond give ne	earest tawn)	
d. NAME OF HOSE OR INSTITUTION	ITAL (If not in hospital, gi	ve street oddress)	d. STREET	ADDRESS 113	WARE	40E.	e. IS RESIDENCE ON A FARM? YES NOX	
3. NAME OF DECEASED (Type or print)	Firs MARGARET		lo	01		11, 1959	ay Year 19	
s. sex Female	6. COLOR OR RACE	7. MARRIED NEVER MARRIED WIDOWED DIVORCED		н 1873	9. AGE (In years last birthday) yrs.	Months Days	R IF UNDER 24 HR	
Schooltead  13. FATHER'S NAME	irking life, even if retired)  cher- retire	d   Public School	Mary 14. Mother:	land MAIDEN NAME		12.CITIZEN O	F WHAT COUNTRY	
	I James Smit.  FER IN U. S. ARMED FORCE  Of yes, give wor or dotes of se	ES? 16. SOCIAL SECURITY NO.	INFORMANT Family ra	dget Scal		dress		
Conditions, if gave rise to cause (o), stating lying cause last	immediate DUE TO	Arter  DITIONS CONTRIBUTING TO DEATH	EUT NOT RELATED TO	10825	sease condition of		19. WAS AUTOPS	
OR CONTRIBUTION	/AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER)	206. DESCRIBE HOW INJURY OCCI	JRRED. (Enter noture o	of injury in Part I o	or Port II of item 18.)		PERFORMED? YES NO	
ZOc. TIME OF INJU	10	7 20d. INJURY OCCURRED 20d. While Not while of work at work	e. PLACE OF INJURY factory, street, office		(City or tawn)	(County	) (State	
21. I certify alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the		, 1957 eath accurred at	2:30 AM, fr	am the causes at ss (Street, gity or tawn	nd an the dat	w the decease e stated above DATE SIGNE	
22a. BURIAL, CREMATI REMOVAL (Specif Burial	June 13,	1959 Mt. Maria		PEN	ocation (City. town, wson, Mary)	and	(State)	
23. FUNERAL DIRECTO  John Burn		wson. Maryland		24a. REC'D BY R		ALLUA S. KLO		

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VS. A15ME(5) 5M 9/55

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6539MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06529

Reg. Dist. No.

1. PLACE OF DEATH	Baltimore		MARYLAND	2. USUAL RESIDENCE o. STATE	(Where deceased	tived. If Institute b. COUN	-	timo	
b. CITY OR TOWN (III ond give nearest fown Reister)		RURAL	c. LENGTH OF STAY IN 16	Baltim	COMMENT VALUE OF THE PROPERTY	ate limits, writ	RURAL ond	give nearest	town)
	in Street	nat in hosp	ital, give street address)	d. STREET ADDRESS	s Edmonds	on Av	e •	0	RESIDENCE N A FARM? NO
3. NAME OF -DECEASED (Type or print)	Richard Fint	Cla	rkson Smi		4. DATE OF DEATH	June		Doy 59	Year 19
5. SEX Male	6. COLOR OR RACE	7. MARRIEI WIDOWED	NEVER MARRIED A	S. DATE OF BIRTH June 11,1	954	AGE (In years lost birthday)  O yrs.	Manths D	YEAR IF UN	Min.
10a. USUAL OCCUPATION during most of warking	ON (Give kind of wark do life, even if retired)	one 10b. KI	ND OF BUSINESS OR INDUS	Baltim	ore, Md.	try)		S.	T COUNTRY?
13. FATHER'S NAME Richa:	rd M.Smith	n		14. MOTHER'S MAIDEN		nings			
15. WAS DECEASED EV (Yes, no, or unknown)	ER IN U. S. ARMED FOR (If yes, give wer or dates of se	CES? 16. S		Richard M.	Smith, 4	716 E		son A	ve.
	diate couse	_	or (o), (b), and (c). J	ase of sku	11			10 I	
20g. EXTERNAL CAL PRIMARY Dor COI CAUSE OF DEATH.		DESCRIBE	HOW INJURY OCCURRED. (	Enter nature of injury in 1	Part I ar Port II of	item 18 )	VEN IN PART		S AUTOPSY FORMED? NO X
20c. TIME OF INJUI	RY Month, Day, Year	20d. IN While at wor		ACE OF INJURY (Home, for tary, street, office bldg., of TREET	efc.)		(Coun		(Stote)
			emains described abo , Accident , Su			ection K etermined	, Inquiry cause .	<b>▼</b> ], and	I find that
ACTUAL SIGNATURE	1. 2. Ca	ple		M.D. CHIEF MEDICAL				DATE	SIGNED
EXAMINER'S NAME (Type)	D. D. C.	ples	, M. D.		AL EXAMINER			6-12	2-59
220. BURIAL, CREMATIO REMOVAL (Specify) BURIAL	June 15,	/59	Druid Ridge		22d. LOCATIO Pik	esvil:	Le Md		ate)
J.F. Elin		Reist	ADDRESS erstown, Md	A STATE OF THE STA	JUN 1 6 '59	24b. REG	ISTRAR'S SIGN	NATURE	5

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VS A15 (4)

1SM 10/57

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6540 CERTIFICATE OF DEATH

06530

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND Baltimore Maryland b. CITY OR TOWN (If outside carporote limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) RURAL and give nearest town) Fort Howard Baltimore 61 days d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE ON A FARM? Veterans Administration Hospital 2558 Edmondson Avenue YES NO TE NAME OF First Middle 4. DATE Yeor DECEASED ROBERT H. (Type or print) SMITH DEATH 19 59 June 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X S. SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthdoy) Months Days Hours Mala Negro WIDOWED | DIVORCED [7] November 18. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) Private family Handyman Gloucester Co., Virginia U.S.A. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Carev Smith Nannie Harrison 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give war or dates of service) Yes Clinical Rec. VA Hospital Ft. Howard, 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CARCINOMA OF PANCREAS IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port 11 of item 18.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while at work of work p. m 21. I certify that Vattended the deceased from April 21 , 1959 to June 21 1959 Transparence of the second property ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE VA Hospital. Ft. Howard, Md. STEPHEN TOMS. M.D. NAME (Type) VA Hospital. Ft. Howard. Md. 22c. NAME OF CEMETERY OR CREMATORY Cemet e 20d. LOCATION (City, town, or county) 22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Valley Bant. Church Gloucester Co.. Virginia FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Thur & Traces

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VS A15 (4) 15M 10/57 Y.

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06531

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6541	CERTIFICATE	OF DEATH		

		654		CERTIFIC	A	. Or L	LAI			Reg.	Dist. No		
PLACE OF DEATH     O. COUNTY	Balti	more		MARYLANI	11	o. STATE	ence (w		d lived. If institu b. COUNT			ore odmi	
RURAL ond give no	f outside corporate limi corest town) lerton	its, write	c. LENGT	H OF STAY IN 11	×	c. CITY OR T		outside corpo	prote limits, write	RURAL or	nd give ne	earest to	vn)
	AL (If not in hospital, s	give street	oddress)		1	d. STREET A		CL VOII				e. IS RE	SIDENCE A FARM?
	7543 Bela		Rd.		1/	751	3 B	elair	Rd.				NO [
3. NAME OF DECEASED (Type or print)	Sena		М.	Middle	Smi	th.		4. DATE OF DEATH		onth June		oy (),	Yeor 1959
S. SEX	6. COLOR OR RACE	7. MARR	RIED NE	VER MARRIED	] B. D/	TE OF BIRTH	196		9. AGE (In year	IF UND	ER 1 YEAR		DER 24 HRS.
Remale	White	WIDOWI	- terms	DIVORCED [		ril 15			last birthdoy) 85 yr	Month s.	Doys	Hours	Min.
Oa. USUAL OCCUPATION during most of work	N (Give kind of work ing life, even if retired	done 10b.	KIND OF	BUSINESS OR IN	DUSTRY	11. BIRTHPL	CE (Stole	or foreign c	ountry)	12.	CITIZEN (	OF WHA	T COUNTR
Housew			At I	Tome				Co. Mo	l.		US.	A	11.44
3. FATHER'S NAME					14	. MOTHER'S	MAIDEN	NAME					1400
C WAS DECEMEND THE	John B. Cl						rah	DeMoss					
S. WAS DECEASED EVE	R IN U. S. ARMED FOR It yes, give wor or dates of s		SOCIAL SE	CURITY NO. 17	INFOR	MANT				ldress	. 100	,	
No			None		Mr.	Robert	Smi	th 75	43 Bela	ir Rd		6	
Conditions, if or gove rise to it couse (o), stoting lying couse lost.	the under-	)	Her	netal	3	de	Trle	ireds	ilen	osic	j ľ		
3	er significant con	DITIONS C	ONTRIBUT	ING TO DEATHYB	UT NOT	REJATED TO	THE TERM	INAL DISEAS	E CONDITION G	VEN INT	ART 1(0)	19. WAS PERF	ORMED?
(IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW	INJURY OCCUR	RED. (En	ter nature of	injury in	Port I or Por	t II of item 1B.)				
20c. TIME OF INJUR Hour o. m. p. m.	Month, Doy, Ye	While	NOT NOT WO	hile	PLACE ( foctory,	OF INJURY (I street, office	lome, form	n, 20f. (City	or town)		-(County)		(Stote)
21. I certify the alive on	rank!	decease 19	-	and thor deo	-	urred at	1000 1000 Bal		n the causes treet city or town	ond on		te stat	deceose ed obovi
20. BURIAL, CREMATION REMOVAL (Specify) Burial		1959		ME OF CEMETERY				22d. LOCA	TION (City, town,	or county	')	(Sto	ite)
SUNERAL DIRECTOR;		Hen	ADDE		ela	i Rd	24a. REC'	D BY REGIST		ISTRAR'S			

MARYLAND STATE DELAMENT PRESENTE BALLENORS IS ...... MERCATE OF DEATH Marian Age Towns of the and

eath. Page 4

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6542

CERTIFICATE OF DEATH

116532

		00.	1 ~	OLIVIII	107	IL OI DI	-711			Reg.	Dist. No	).	
	PLACE OF DEATH  o. COUNTY  Baltim			MARYL		2. USUAL RESIDE o. STATE Maryla		here decease	d lived. If institu b. COUNT	tion: Resid	dence bef	ore admis	sion)
	RURAL ond give n		write	c. LENGTH OF STAY II	N 16				rote limits, write			earest tow	n)
	OR INSTITUTION	oward TAL (If not in hospitol, give ns Administr				d. STREET ADD	RESS		rt,Balti	nore	25	ON	SIDENCE A FARM?
	NAME OF DECEASED (Type or print)	First HERMA		Middle M.		SNOW Lost	24260	4. DATE OF DEATH		onth		oy 22	Year 19 <b>59</b>
5.	Male Male	6. COLOR OR RACE 7	MARR		B.	DATE OF BIRTH	11.	.1921	9. AGE (In years lost birthday)	Month	ER I YEA		ER 24 HRS.
10a	. USUAL OCCUPATION Coring most of wor ROOLER	ON (Give kind of work dor king life, even if retired)		KIND OF BUSINESS OR				or foreign o		12.	U.S.		TCOUNTR
13.	FATHER'S NAME					14. MOTHER'S M	AIDEN I	NAME			0,0		
$\overline{}$	Leonard S					Etta Br	eede	en					
15.  Ye	Yes	IR IN U. S. ARMED FORCE (If yes, give war or dates of servi	ce)	SOCIAL SECURITY NO. 26-18-4979		n.Rec.,V	b_ a	TT		dress			2 2
	PART I. DEA  Conditions, if o gove rise to i couse (o), stoting lying couse lost.	mmediate the under-	CER CAR RE	EBRAL METAS CINOMATOSIS TICULUM CEL	L SA	RCOMA					1	WEE MON MON	THS WN
CERTIFICATION		HER SIGNIFICANT CONDIT								VEN IN P.	ART 1(o)	19. WAS PERFO YES [	DRMED?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING (1) CAUSE OF DEATH MEDICAL EXAMINER)	b. DESC	CRIBE HOW INJURY OC	CURRED.	(Enter nature of in	njury in I	Port 1 or Part	Il of item 18.)				
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Year	20d. In While of work	Not while	Oe. PLAC factor	E OF INJURY (Horry, street, office b	me, form	) 20f. (City	or town)		(County)		(Stole)
	21. I certify th	John W.	XXX	awfird	deoth o	TARE TO	2:15	M, fron	the causes	and on	the do	te state	ed above ATE SIGNE 2/59
	PHYSICIAN'S	JOHN W. CRAW	FOR	D. M.D.			ORT	HOWARI	) MARYL	AND			
220	BURIAL, CREMATIO	N, 22b. DATE THEREOF	0	22c. NAME OF CEMET		REMATORY		22d. LOCAT	ION (City, town,	or county		(Stot	e)
22	Removal	16 00 0	7	Arlington	Nat				ngton, V				
	FUNERAL DIRECTOR	s signature	OIT	ADDRESS	Dal+		la. REC'	D BY REGIST	RAR 24b. REG	ISTRAR'S	SIGNATU	RE	

may be retained the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 should be detached for use as the burial-transit permit. TO HOSPITAL OR VS A15 (4) 15M 10/57

MARKEAND STATE DEPARTMENT OF MEALTH - SALTMOSE 18 The translation found be think of Legicon motornintal stap surrecey 4.5.K geboord say manfered bemook 50 is touch my dev. com and 1771-17-151 the control of the co THE HARMAN THE REST OF THE PARTY OF THE PART

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

06533

6543 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY Baltimore Baltimore Maryland MARYLAND b CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give negrest town) Catonsville Catonsville d. NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS e. IS RESIDENCE NAME OF HOSPITAL (If not in hospitol, give street oddress)
OR INSTITUTION
8 mi Hill Frederick Road 8 mi Hill Frederick Road YES TO NO T NAME OF Middle 4. DATE Month Day Year DECEASED DEATH June Lillian 19 59 19 Elsie (Type or print) Snowden 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. 5 SEX B DATE OF BIRTH 9. AGE (In years last birthday) Months Dovs Jan. 15. 1871 Female Colored DIVORCED T WIDOWED 88 yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Housewife Marvland 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Alexander Williams Rosaella Henson IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Addres8mi Hill Mrs Lillian Whiting Frederick Road 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL RETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Cerebral Hemorrhage T2 davs DUE TO Conditions, if ony, which Hypertensive Arterio-sclerosis 13vrs Imo. 26 days gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? Chr. Arthritis: Obesity YES NO T 200. ACCIDENT WAS UNDERLYING 
OR CONTRIBUTING 
CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Doy. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) D. m. Not while of work of work 21. I certify that I attended the deceased from April -24th 1946, to June-I9th 1959 that I last saw the deceased and that death accurred at 7.00PM, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL Winters Lane June-19-59 PHYSICIAN'S C.F.Maloney. Catonsville-28. Maryland. NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Arbutus Baltimore Co.. Md. Mem. Park 6-23-59 Burial 23. FUNERAL DIRECTOR'S SIGNATURE A. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Hamsley

DATE JUN 2 5 '59

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VS. A15ME(5) 5M 9/55 03

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 654 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06535

Reg. Dist. No.

								Keg. Dian 11	
1. PLACE OF DEATH	Baltimore		MARYL	AND	2. USUAL RESIDENCE (V		ed lived. If Institu b. COUNT		fore admission)
b. CITY OR TOWN III	outside corporate limits, write	RURAL	c. LENGTH OF STAY IN	4 lb	c. CITY OR TOWN (II			RURAL ond give n	earest fown)
			0			Balti	more 3	VO1-4	
			pital, give street oddress) tapaco Růve		d. STREET ADDRESS 714 W. L	Ombard	St.	-	o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	J <sup>O</sup> hn Antho		Middle seph Sparro	W	Lost	4. DATE OF DEATH	Month June	70 • 1	Year 959 19
5. SEX WMale	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED		April 20, 19		9. AGE (In years last birthday) 35 yrs.	IF UNDER TYEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION during most of working Labores	ng life, even if retired)	done 10b. K	IND OF BUSINESS OR IN		Maryland		ountry)	U.S.A	F WHAT COUNTRY?
13. FATHER'S NAME					14. MOTHER'S MAIDEN		And the Co		
Anthony	J. Sparrow		Spirit Street		Augusta Wi	ilkins	on		
15. WAS DECEASED EV (Yes, no, or unknown) NO	ER IN U. S. ARMED FO  If yes, give wor or dates of		SOCIAL SECURITY NO.		thony J. Spa	arrow	Address 714 W. I	Lombard S	St.
PART I. DEA' 929. % Conditions, if a		1	or (o), (b), and (c).]  Drownin	g v	while swimmi	ng in	pond or	DNSI	et and death  d laice
gove rise to imme (o), stoting the couse lost.		34.5			Accident				
CATIO		Marie			OT RELATED TO THE TERM				9. WAS AUTOPSY PERFORMED? YES NO 1
	NTRIBUTING []		HOW INJURY OCCURR		ter noture of injury in Por rimming	t I or Port II	of item 18.)		
20c. TIME OF INJU	June 30	O While	Not while of work	PLAC foetor	E OF INJURY (Home, form y, street, office bldg, etc.		or town) ansdowne	(County) Balto.	(Stote)
	fram: Natural		Accident ,		e, held an Autops ide, Homicide  .M.D. CHIEF MEDICAL EX .ASSISTANT MEDIC .DEPUTY MEDICAL	KAMINER AL EXAMINE	111	ause .	DATE SIGNED June 30.59
22g. BURIAL, CREMATIC REMOVAL (Specify)	7-2-59	)F	22c. NAME OF CEMETER		REMATORY met.erv		Nore. Ma	er county)	(State)
23. FUNERAL DIRECTOR		217 St	ADDRESS Pault St.		24a: REC'	6 '59	RAR 246. REGIS	STRAR'S SIGNATUR	RE

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	· ·	546	CERTIFIC	ATE OF DEATH			Reg. Dist.	653 No.	Ç,
o. COUNTY Balto	•		MARYLAND	2. USUAL RESIDENCE (Who o. STATE Md.	ere decease	d lived. If instituti b. COUNTY	Balto	before adm	ission)
RURAL ond give n	(If outside corporate limit learest town) prville	ts, write	c. LENGTH OF STAY IN 1b	55 Wilton		Towso:		e nearest to	wn)
OR INSTITUTION	TAL (If not in hospital, g	ive street	oddress)	d. STREET ADDRESS 509 Wi	lton	5 4 2 2		ON	RESIDENCE LA FARM?
3. NAME OF DECEASED (Type or print)	BESSII		Middle	STABLER Lost	4. DATE OF DEATH	Mon J	<sup>th</sup>	Doy 10,	Yeor 19 59
s. sex female	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Feb. 11. 186	2	9. AGE (In years last birthdoy) 97 yrs.	Months Do		DER 24 HRS.
Housewife	rking life, even if refired)		KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stole o	or foreign c	country)	12. CITIZE	N OF WH	AT COUNTR
3. FATHER'S NAME  George Re	eid	4		14. MOTHER'S MAIDEN N					
5. WAS DECEASED EV (Yes, no. or unknown) NO	ER IN U. S. ARMED FOR (If yes, give wor or dotes of so	CES? 16.	SOCIAL SECURITY NO. 17.	Mrs. Harriett	e Hin	Add richs -		gester	Ave.
PART I. DE	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	10	re for (0). (0). and (c).	Remorr	ha	pe		1/6/	BETWEEN PO DEATH
Gave rise to couse (a), stoting	the under-		Agperter	15 Wu				90	W-W
lying couse lost.	) (c								
	, 10	DITIONS	ONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMI	NAL DISEAS	SE CONDITION GIV	'EN IN PART I	PER	S AUTOPSY FORMED?
PART II. OT	HER SIGNIFICANT CON			IT NOT RELATED TO THE TERMIN			'EN IN PART I	PER	FORMED?
PART II. OT	AS UNDERLYING  GOOD CAUSE OF DEATH (MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR  NJURY OCCURRED  Not while  20e. F		ort 1 or Por		(Cou	PER YES [	FORMED?
PART II. OT  20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF)  20c. TIME OF INJUI Hour o. m. p. m.  21. I certify the	AS UNDERLYING CAUSE OF DEATH / MEDICAL EXAMINER) RY Month, Day, Yec	20b. DESO	NJURY OCCURRED 20e. F Not white of work	PLACE OF INJURY IHome, form, octory, street, office bldg., etc.	20f. (Cit	or town)	(Cou	PER YES (	FORMED? NO (Stole)
PART II. OT  20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY Hour o. m. p. m.	AS UNDERLYING CAUSE OF DEATH AS MEDICAL EXAMINER)  RY Month, Doy, Yec  19	20b. DESO	NJURY OCCURRED Not while of work	PLACE OF INJURY IHome, form, octory, street, office bldg., etc.,	20f. (City	rt II of item 18.) y or town)	(Cou	PER YES (	(Stole)
PART II. OT  200. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIFY) 20c. TIME OF INJUI Hour o. m. p. m.  21. I certify the contraction of the contrac	AS UNDERLYING CAUSE OF DEATH AS MEDICAL EXAMINER)  RY Month, Doy, Yec  19	20b. DESO	NJURY OCCURRED 20e. F Not white of work	PLACE OF INJURY IHome, form, octory, street, office bldg., etc.,	20f. (City	y or town)  19 m the causes o	(Cou	PER YES (	(Stole)
PART II. OT  20a. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIFY 20c. TIME OF INJUI Hour o. m. p. m.  21. I certify the control of the control	AS UNDERLYING CONICANT CONICAN	20b. DESC or 20d. If While of world decease, 19	NJURY OCCURRED 20e. F Not white of work	PLACE OF INJURY IHome, form, octory, street, office bldg., etc.,  19, to  th occurred at M.D. 2 W	20f. (City	y or town)  19 m the causes o	(Country that I last and an the stote)	PER YES	FORMED? NO (Stole)

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MARYLAND STAT	E DEPARTMENT OF	HEALTH—BALTIMORE,	18
6547	CERTIFICATE OF		

06537

Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street oddress) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? ARMACOST NURSING HOME YES NOW NAME OF First Middle 4. DATE Lost Month Year DECEASED OF DEATH 6 (Type or print) Elsie B. Stewart 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Months EMALE DIVORCED | HITF WIDOWED N S yrs. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) KETIRED HOUSEWIFE U.S.A. Berkeley Co., W. Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) (If yes, give wor or dates of service) 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY incoul) IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which (b) gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO T 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20e, PLACE OF INJURY (Home, form, 20c. TIME OF INJURY 20d. INJURY OCCURRED 20f. (City or town) Day, Year (County) (Stote) foctory, street, office bldg., etc.) Hour a. m While Not while of work of work p. m. ..., 1952, that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at 25 M, from the causes and on the date stated above. alive on\_ DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 59 GREENHILL 217 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Colling & Krous DATEJUN 2 9 '59

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 116538 6548 **CERTIFICATE OF DEATH** Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY c. CLDY-OR TOWN (If/outside corporate Jimits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO X Month Yeor 195 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost-birthdoy) Months 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH hours PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO TO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

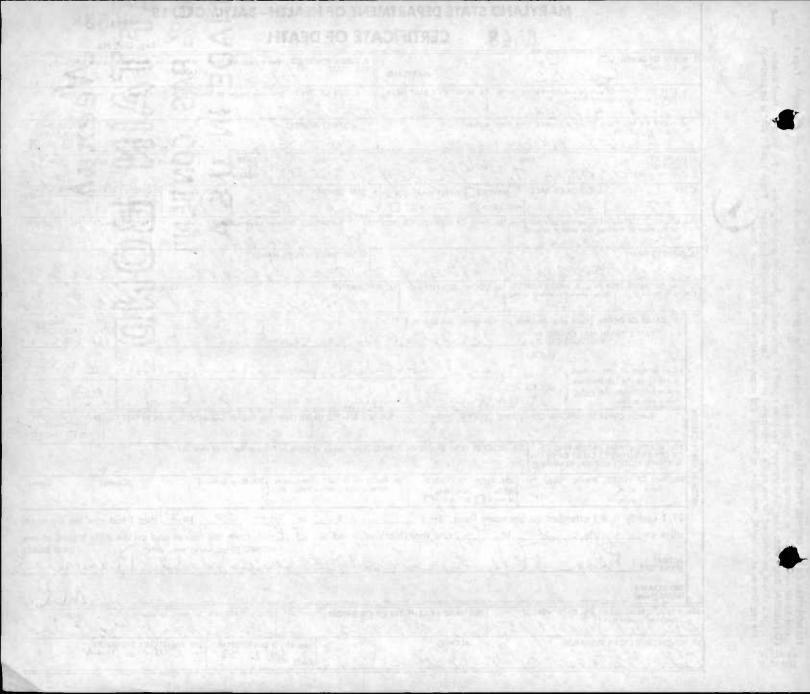
(County) (State)

19.57, that I last saw the deceased .M, from the causes and an the date stated above.

22d JOCATION (City, town, or county) (State)

246. REGISTRAR'S SIGNATURE

15M 10/57



TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

VS A1S (4) 1SM 9/S8

funeral directar 

death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6549

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

-06539

1. PLACE OF DEATH o. COUNTY Balti	more		MARYLAND		o. STATE Mary La		ed lived. If instituti b. COUNTY		ce befor		sion)
b. CITY OR TOWN (I RURAL ond give n	If outside corporate limi egrest town Rosedale	its, write	c. LENGTH OF STAY IN 18	)	c. CITY OR TOWN (If or Rosedale	outside corp	porate limits, write R	URAL and	give nea	rest tow	n)
d. NAME OF HOSPIT OR INSTITUTION	IAL (If not in hospital, o	ive street	address)	d. STREET ADDRESS 1208 Hilldale Ave  e. IS RESIDION A FA					FARM2		
3. NAME OF DECEASED (Type or print)	Helen	rst <b>J∙</b>	stickler .		Lost	4. DATE OF DEATE	Mon Ju		Day	30	Year 19 59
S. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED DIVORCED	] 8. (	Dec. 14, 188	89	9. AGE (In years lost birthdoy) yrs.	IF UNDER Months	1 YEAR Days	Haurs	ER 24 HRS
10a. USUAL OCCUPATION during most of wor	ON (Give kind of work king life even if retired ON 110	done 10b.	KIND OF BUSINESS OR INI	DUSTR	Baltimore				SA.	WHAT	COUNTRY
13. FATHER'S NAME Thom	as Robinson	1			MOLLIE						
15. WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give war or dates of s		social security No.		rew C. Stic	kler	1208 Hil		AVE	Э.	
Conditions, if o gave rise to i cause (a), stating lying couse last.  PART II. OTH	mmediate the under-	o) o	Hypertra	UT NO	TRELATED TO THE TERMIN	T D	SE CONDITION GIV	/EN IN PAR	T 1(0) 1	PERF	AUTOPSY ORMED?
PART II. OTH	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (	Enter noture of injury in F	Part I or Pa	art II of item 18.)				
20c. TIME OF INJUR Hour a. m. p. m.	RY Month, Doy, Ye	or 20d. I While of wor	Nat while		OF INJURY (Home, farm y, street, office bldg., etc.		ty or town)	(4	Caunty)		(Stote
21. I certify (* alive on	ar I attended the func 30 and 50 and 50 Avid 50	193 lug		th a	1957, ta courred at 720/0, 1101 N. Mil	M, fram	Street, city or town,	d an the	date.	state DA	d abave TE SIGNE
220. BURIAL, CREMATIC REMOVAL (Specify)	July 3		22c. NAME OF CEMETERY HOLY Redeem				ATION (City, town, imore, Ma		ıd.	(Sta	te)
23. FUNERAL DIRECTOR Philip E. C		jhesa	co Ave. Balto	. 6	Md. 240. REC'I	D BY REGI		STRAR'S SIG		RE	

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OE	O FUNERAL DIRECTOR: After this certificate benesigned by the attending physician and compage 3 should be detached for use as the burial-transit permit. Then please remove carban paper the contraction by the contraction of	2
TO HOSPITAL OF TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death; Page 4 may be retained the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by his funeral director.  Togie 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with	
154	M 9/55	

	0000	OLIVIII IO	AIL OI DEAI	• •	Reg.	Dist. No.
PLACE OF DEATH O. COUNTY BALT	IMORE	MARYLAND	2. USUAL RESIDENCE (V		b. COUNTY	dence before admission)
b. CITY OR TOWN (If outside car RURAL and give nearest town)	rporate limits, write c. LE	NGTH OF STAY IN 16	c. CITY OR TOWN (II		mits, write RURAL an	d give nearest town)
COCKEYSU		OYEARS		TIMOR	E 3V	101-4
d. NAME OF HOSPITAL (IF not in OR INSTITUTION SON			d. STREET ADDRESS	- BROA	OWAY	e. IS RESIDENCE ON A FARM? YES NO
NAME OF	First	Middle	Lost	4. DATE	Month	Day Year
(Type or print)	LLIAM	M	SULLIVAN	OF DEATH	JUNE	30 195
SEX 6. COLOR	OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9. AC	E (In years IF UND	ER I YEAR IF UNDER 24 HR
MALE MH	ITE WIDOWED	DIVORCED [	6-1-18	68	7 / yrs.	odys Hours Min.
a. USUAL OCCUPATION (Give kinduring most of working life, eve	in if retired)	OF BUSINESS OR INDI		-	12.	CITIZEN OF WHAT COUNT
FATHER'S NAME	A) Threm	an	14. MOTHER'S MAIDEN	LAND		0 - 3.
					Vali	
	WESTLEY			URA	KAUI	= 7.
is. WAS DECEASED EVER IN U. S. A fee, no or unknown) (If yes, give wo	er or dates of service)	ONE .	Frank L.	Driett	1 - Coz	kensulle
18. CAUSE OF DEATH Enter			1 1/		<i>p</i>	INTERVAL BETWEEN
PART I. DEATH WAS CA	USED BY:	016	(	3 - will	* * *	ONSET AND DEATH
33/X	DUE TO	reser va	-aciclar			1 day
	00610					
Canditions, if any, which gove rise to immediate	(b)					
lying couse last.	DUE TO					
	CANT CONDITIONS CONTR	BUTING TO DEATH BU	IT NOT RELATED TO THE TER	MINAL DISEASE CON	NDITION GIVEN IN P	ART 1(a) 19. WAS AUTOPS PERFORMED? YES NO
PART II. OTHER SIGNIFIED  200. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E	OF DEATH I	HOW INJURY OCCURR	ED. (Enter nature of injury in	n Port I or Part II of	item 18.)	
20c. TIME OF INJURY Month, Hour o.m. p. m.		Not white f	PLACE OF INJURY (Home, fa actory, street, affice bldg., e		wn)	(County) (Stat
21. 1 certify that I atter	nded the deceased fr					
alive an 6 -30	1959	, and that deat	h accurred at 10:83			the date stated abo
ACTUAL W	altu T.	rus	Car	ADDRESS (Street,	city or town, state)	DATE SIG
SIGNATURE			M.D.	region	eq ma	12019
PHYSICIAN'S NAME (Type)						
Po. BURIAL CREMATION. 22b. DA	ATE THEREOF 1959 22c.	NAME OF CEMETERY Baltimore	OR CREMATORY	22d. LOCATION Balt	(City, town, or count)	y) (State)
Vim. cook, Inc.	RE 1217 St. Paul	ADDRESS St.	24o. RE	C'D BY REGISTRAR	24b. REGISTRAR'S	SIGNATURE A

VS A1S (4) 15M 9/SB

attending physicion and completely filled in by the funeral director,	and 2 should be filed with
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ARYLAND S	TATE DEPARTMENT	OF HEALTH—BALTIMORE, 18	
0774	CEDTIEICATE	OF DEATH	

06541

	699		AIL OI DLAII		Reg. Dist. No.
o. COUNTY	csewood State T	raining School			ion: Residence befare admission)
	ltimore	MARYLAND	a. STATE Mary	land b. COUNTY	Baltimore
b. CITY OR TOWN	(If autside carporate limits, write	c. LENGTH OF STAY IN 16			RURAL and give nearest tawn)
RURAL and give r	ls, Marylabd	l vear	Towson 4, Ma	meland 555	
d. NAME OF HOSPI	ITAL (If nat in haspital, give stree	et address)	d. STREET ADDRESS	1 Janu -	e. IS RESIDENCE ON A FARM?
Rosewood S	tate Training S	chool	1758 Joan Av	renue	YES NO
NAME OF DECEASED	First	Middle	Last	4. DATE Mai	nth Day Year
(Type or print)	AMV	MARIE	SWETZ	OF DEATH	2/ 195
. SEX	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	
Female		WED DIVORCED	6/3/57	last birthdoy) 2 yrs.	Manths Days Haurs Min
		b. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTE
during mast af war	rking life, even if retired)		Maryland		U.S.A.
. FATHER'S NAME			14. MOTHER'S MAIDEN N		0.00,70
Anthony Sw				Sczepaucha	
Yes, no, or unknown)	ER IN U. S. ARMED FORCES? 1 (If yes, give wor or dates of service)	6. SOCIAL SECURITY NO.	INFORMANT		dress
no	-	-	Rosewood Re	cords	
18. CAUSE OF DE	ATH [Enter anly ane cause per	line far, (a), (b), and (c).]	0 0		INTERVAL BETWEEN
PART I. DE	ATH WAS CAUSED BY:	Ava	200		ONSET AND DEATH
211110	IMMEDIATE CAUSE (a)	1,000	2/1-42	7 mark	Sec.
1344X	DUE TO	1792		/	
Canditions, if					
gave rise to cause (a), stating					
lying cause last.					NO. OF BUILDINGS
	/ (0)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GI	VEN IN PART 1(a) 19. WAS AUTOPS
PART II. OT			THE PERSON NAMED IN COLUMN		PERFORMED?
20- 45512515	AC INTERIORIS - Tag -	CONTROLLING TO THE PARTY OF THE		0 11 0 11 11 12	YES NO [
OR CONTRIBUTING	G CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	'art I ar Part II af item 18.)	
	MEDICAL EXAMINER)				
20c. TIME OF INJU			ACE OF INJURY (Hame, farm		(Caunty) (Stat
Haur a.m.	19 Whi	le Nat while ta	ctary, street, affice bldg., etc		
21. I certify t	hat I attended the dece				,that I last saw the deceas
alive on	, 19	, and that death	occurred at 2:45p	M, fram the causes at	nd on the date stated above
1	1 1	0		ADDRESS (Street, city or lawn,	
ACTUAL SIGNATURE	et W. YAe	eles	Mp Pallala	Acid	6/22/5
	1	1	.m.v.		
PHYSICIAN'S NAME (Type)	F. W. Ric	254.27	4607	Maintield	Qu. C.1 #
	DATE THEREOF				27
REMOVAL (Specify	ON. 22b. DATE THEREOF	22c. NAME OF CEMETERY O		22d. LOCATION (City, tawn,	ar county) (State)
Burlal	0/2-159		050	Mitte Co,	11/1/
3. FUNERAL DIRECTOR		ADDRESS			ISTRAR'S SIGNATURE
(Was & Ti	allerials.	100780 134	THIN THIN	2 3 159 0 1	un & Flrank

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06542

Reg. Dist. Na.

	D. COUNTY	altimore		M	ARYLAND	2. USUAL RES	Mary la	e deceased	b. COUN			fore admi	
	b. CITY OR TOWN (IF and give neared town)	outside corporate fimits, write	RURAL C.	LENGTH OF ST	TAY IN 1b	Print and	TOWN (If out		rate limits, wri	te RURAL o	and give r	nearest ta	wn)
		nt or institution (if			dress)	1714		rood	Road			ON	ESIDENCE A FARM?
	NAME OF DECEASED (Type or print)	John First	Thoma		Sze/	is tous		DATE OF DEATH	Ju		B,		959
	sex Male	6. COLOR OR RACE White	MARRIED WIDOWED	NEVER MAR		DATE OF BIRTH		25	AGE (In yeors lost birthday)	Months	Days Days	Hours .	ER 24 HRS. Min.
100	a. USUAL OCCUPATIO during most of working	N (Give kind of work do g life, even if retired)	one 10b. KIND	OF BUSINESS	OR INDUSTR		ACE (State or 1		ntry) rylan		S.A		COUNTRY
		Szelisto					MAIDEN NAM		11			1	
15. (Ye	WAS DECEASED EVE	R IN U. S. ARMED FOR		-10753		FORMANT B. Meda	arda S	zeli	Address stows				
CATION	971, 8 Canditions, if an gove rise to immed (a), stating the u	iate cause	CO TIONS CONTRI	70	EATH BUT NO	OT RELATED TO	THE TERMINAL	L DISEASE (	CONDITION G	SIVEN IN PA	ART 1(o) 1	RYAL BETWEET AND DEL	'u->
ICAL CERTIFICATION	20g. EXTERNAL CAU PRIMARY   gr CON CAUSE OF DEATH. 20c. TIME OF INJUR	ITRIBUTING	DESCRIBE HOV	W INJURY OC	20e. PLAC	E OF INJURY (I	Home, farm, 12			(0	County)		(State)
MEDI	Havr a.m. p. m.	19		Nat while at work		ry, street, affice				/	. [77]	/	
	/	from: Natural of	_			M.D. CHIEF N	Autopsy L  Iomicide   IEDICAL EXAM  NT MEDICAL E  MEDICAL EXAM	NER C	_		_	DATE S	
220 E	BURIAL, CREMATION	June 11,		NAME OF CEA	Natio	REMATORY	220	d. LOCATIO	ON (City, town	, or county	Md	(State	p)
23.	John J.	SIGNATURE Dudg 7922	Wise	AVO .	22', M	id.	240. REC'D BY	REGISTRA		GISTRAR'S S			

VS. A15ME(5) 5M 9/55

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A STANDARD THOUGHT AND COMMISSION OF THE PARTY OF THE PAR  death: Page 4

TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours at

VS A15 (4) 15M 10/57

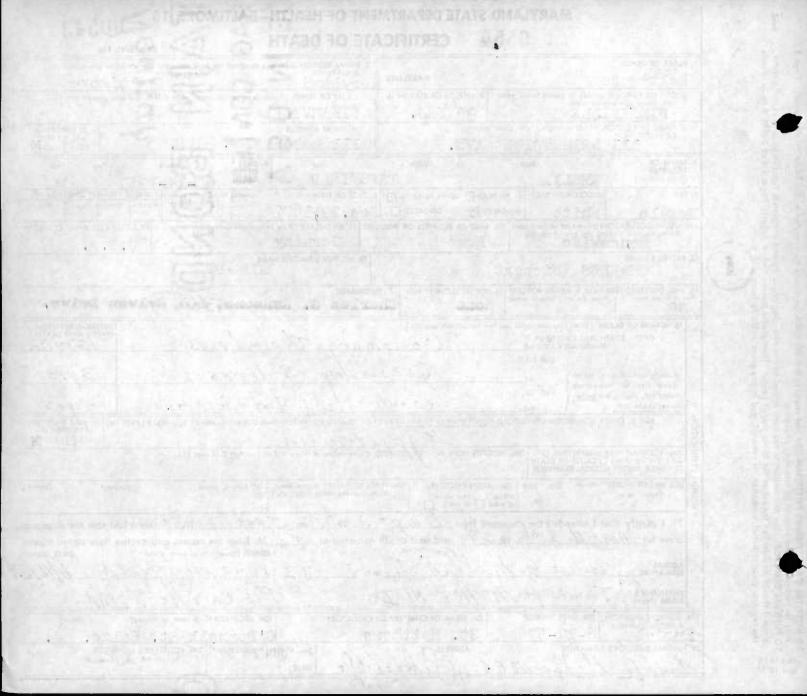
### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6554 CERTIFICATE OF DEATH

116543

		UU	Re
Reg.	Dist.	No.	

COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (V a. STATE Mary land	Vhere deceased I	b. COUNTY		fare admission)
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) PIKESVILLE	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		te limits, write R		
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION 111 BRIGHTSIDE	1 9 /	d. STREET ADDRESS 111 BRIG	HTSIDE	AVE.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) AMELTA	Middle TA	PSFIELD	4. DATE OF DEATH	Mon	ıh ( →1959	Day Year
Female White WIDOW		8. DATE OF BIRTH Dec. 29,187	7 8	AGE (In years Jost birthday) yrs.	Manths Days	Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWITE	Home	German		ntry)	U.S.	OF WHAT COUNTRY
CHARLES Siebert		14. MOTHER'S MAIDEN	SCHMI	DT		
	None Ch	arles S. R	ansone	, 3601 S		Drive.
1B. CAUSE OF DEATH [Enter only one couse per line part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	0	uary Th	rombo	15/3	IN Of	TERVAL BETWEEN NSET AND DEATH
Conditions, if any, which gave rise to immediate cause (a), stating the <u>under</u> DUE TO		/	clero			3415
Iying cause last.   (c)	CONTRIBUTING TO DEATH BUT	100		CONDITION GIV		19. WAS AUTOPSY PERFORMED? YES NO D
	CRIBE HOW INJURY OCCURRE		Part I ar Part II	of item 18.)		
Haur a.m. While	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, far tary, street, affice bldg., et	rm, 20f. (City or	r tawn)	(County	(State)
21. I certify that I attended the decease alive on Mar Us 30th, 19  ACTUAL SIGNATURE ALLOS A. M.	ed from Sept 59, and that death	0			ind an the d	saw the deceased ate stated above DATE SIGNED
PHYSICIAN'S Tames A. M.	iller M.I	,	Pike	sville	e-8,1	rd.
220. BURIAL, CREMATION, REMOVAL (Specify) BUTIAL 6-17-59	St. Matther		01 Donr	N (City, lown, o	r county)	(State)
23: FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Pikese	relle DATE	IBMY ZEGIOTO		TRAR'S SIGNATI	URE
	-10 5	nd.				

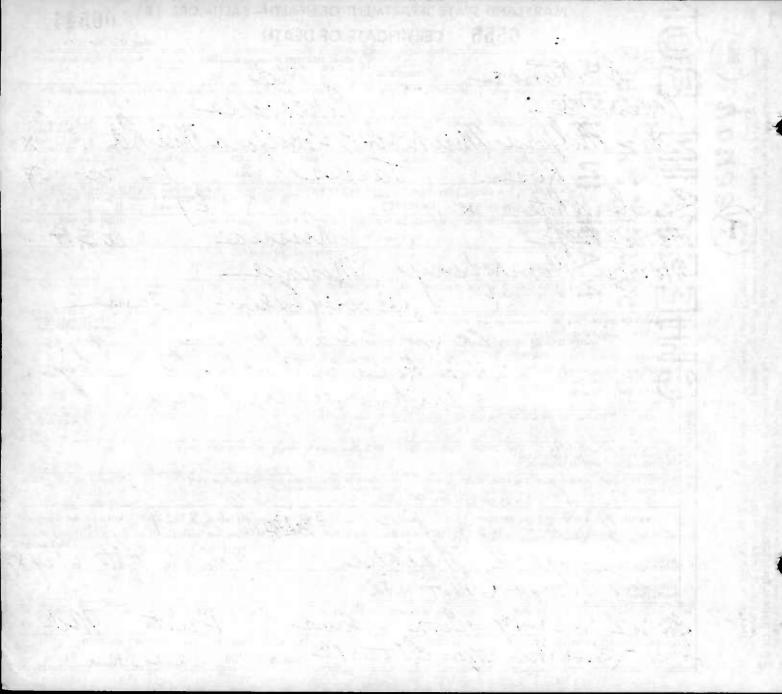


VS A15 (4) 15M 9/5B

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6555 CERTIFICATE OF DEATH

06544

Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CMY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CMI OR TOWN (If outside corporate limits, write RURAL and give nearest town) KURAL and give nearest town d. NAME OF HOSPITA give street address e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF Middle DATE Month Day Yeor DECEASED (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 MRS B. DATE OF BIRTH 9. AGE (In years birthdoy) Months Doys Hours DIVORCED T WIDOWED D yrs. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHELACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, ever if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16/SOCIAL SECURITY NO. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Doy, Month. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o. m While Not while 19 of work ot work p. m 21. I certify attended the deceased from hat I last saw the deceased that death accurred at 3/0 HM alive on from the causes and an the date stated above. ACTUAL SIGNATURE PHYSICHAN'S NAME (Type 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF GEMETERY OR CREMATORY 22d. LOCATION HEIty. of county) REMOVAL (Specify FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR



1		6403 CERTIFICATE OF DEATH 10654	5
M)	1.	Reg. Dist. No.  PLACE OF DEATH O. COUNTY  BALTINGRY  MARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before odn O. STATE  MARYLAND  COUNTY  COUNTY	missian)
		b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest to RURAL ond give nearest town)  ARBATIS  C. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest to ARBATIS	awn)
X		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  d. STREET ADDRESS  e. IS 1	RESIDENCE N A FARM?
	100	(Type or print) I SABELLE Teipe DEATH JONE 27,	Yeor 195 9
	1	FEMALE  6. COLOR OR RACE  7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH  FEMALE  9. AGE (In years lif UNDER 1 YEAR IF UNDER 1	NDER 24 HRS.
		0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign caunitry)  11. BALTIMORE Md.  12. CITIZEN OF WH  13. FATHER'S NAME	A.
		ANThony Gocking UNKNOWN Heylet	
		Yes, no. or unknown) (If yes, give wor or dates of service) — MISS. CLARA-S. TEIPE	, Md.
		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (0) De Stelle Men: Wonea -  ONSET AN  ONSET AN	BETWEEN ND DEATH
		Conditions, if any, which gave rise to immediate Due to	12.
	Z	tying couse tost.  Due 10  General arlens delero sis	
0	CERTIFICATION	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port t or Part II of item 18.)	S AUTOPSY FORMED?
	SP	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, 20f. (City or town)	(State)
	MED	Hour o. st.  p. m.  19 While Nat while of work of work of work	
		21. I certify that I attended the deceased from	
81		PHYSICIAN'S TREDERIZY BEITLER M.D. 1014 Draweis Ge - Balle 27 The NAME (Type) TREDERIZY BEITLER	£.
3	L	Bungl July 1, 1959 New CAThedRAL BALTINGRE MO	tale)
	23.	S. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  DATE 1111 1 .759 Circling & Kraus	
		35/27 redench (29)	

may be retain.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please the carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of

TO HOSPITAL O

VS A15 (4) 15M 9/55

er death. Page 4

6556

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

	PLACE OF DEATH  a. COUNTY  BALTO  MARYLANI	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence o. STATE b. COUNTY BA	ce before admission)
	b. CITY OR TOWN (If outside carporate limits, write  RURAL and give nearest town)  RURAL and give nearest town)  RURAL 34 YRS  d. NAME OF HOSPITAL (If not in hospital, give street address)	c. CITY OR TOWN (If outside corporate limits, write RURAL and s	(19)
_	2424 WYTHE AVE.	2424 WYTHE AUE	e. IS RESIDENCE ON A FARM? YES NO NO
1	NAME OF DECEASED (Type or print) DANIEL H. Middle	EMPLE 4. DATE OF DEATH 6/4/59	Day Year
5.	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED D		1 YEAR IF UNDER 24 HRS. Days Hours Min.
100	USUAL OCCUPATION (Give kind of work done during most of working life, eyen if relired)	3	IZEN OF WHAT COUNTRY?
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. no. or unknown) (If yes, give wor or doles of service)	MINNIE M. TEMPLE - 5	BME
	1B. CAUSE OF DEATH [Enter only one cause per line for (q), (b), and (s).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	la Geaglit	INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if any, which gave rise to immediate cause (a), staling the under-	Intervolunes	57/20
ATION	Iying couse last.   (c)	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1 (a) 19. WAS AUTOPSY PERFORMED? YES NOTO
CERTIFICATION	206. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Port I or Port II of item 18.)	1
MEDICAL	20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e.  Hour a.m.  p. m.  19 While at work at wark	PLACE OF INJURY (Home, farm, 20f. (City or tawn) (C foctory, street, office bldg., etc.)	ounty) (State)
	21. I certify that attended the deceased from deceased from alive an 1957, and that dea	th accurred at Give PM, from the causes and an the ADDRESS (Street city or town, stote)	ast saw the deceased te date stated above.
	PHYSICIAN'S NAME (Type) James T. Means	M.D. 520 N-St. Balls 19 hu	(6-8-57
220	BURIAL CREMATION, 22b. DATE THEREOF 220 NAME OF CEMETERY PROVAL (Specify)	OR CREMATORY 22d. LOCATION (City, town, or county)	W. (State)
Foo	FUNERAL DIRECTOR'S STONATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	

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### FOR STATE HEALTH DEPT.

or. Page your files. 

TO DEPUTY MED. It EXAMINER: This certificate should be executed within 24 hours after death. If any delay is negare execute the certain die, writing the word "pending" in pendit in Item 18. Give Pages 1, 2, and 3 to the funeral dies a should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board are its designated agent, prior to burial, cremation, or removal, and in any eventuality 72 hours after death.

VS. A15ME 5M 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EVAMINEDIC CEDTIEICATE OF DEA

116547

2. USUAL RESIDENCE (Where deceased lived. If institution; Resid	dence before admission)
o. STATE b. COUNTY	
"aryland Bal	timore
J-0, 1	nd give nearest town)
54 Essex	
d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
317 Worton Rd.	YES NO
Lost 4. DATE Month	Doy Yeor
A II second a state of	19
lest birthday) Months	Doys Hours Min.
Aley 20 1071	
11. BIXTHPLACE (State or foreign country)	TIZEN OF WHAT COUNTRY
on Fairview W. Virginia	
14. MOTHER'S MAIDEN NAME	
unknown	
INFORMANT Address	
me Manda Chandi Can 272 Mant	D.1 D
18. Walley Stallarter, 31/ Worton	I INTERVAL BETWEEN
me (Opple 1)	ONSES AND DEATH
and Collansin	80 min
1 1. No Lat.	(1/ha.
exi he crear all.	13 years
NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAI	RT 1(a) 19. WAS AUTOPSY PERFORMED?
	YES T NO T
Enter nature of injury in Part I or Port II of item 18.)	1 0 0
ACE OF INITIBY /Home form 1206 /City or town)	ounty) (Stote)
tary, street, office bldg., etc.)	tomy; (Sione)
ove, held an Autopsy 🔲, Inspection 🖾 Inqui	iry . ond in my
, Suicide, Homicide, Undetermined	manner 🔲
CHIEF MEDICAL EXAMINER	DATE SIGNED
	1 211 13
DEPUTY MEDICAL EXAMINER Z	6-24-53
R CREMATORY 22d. LOCATION (City, town, or county)	(Stole)
metery Beccnetuille W Vi	irainis
metery Bassnetville, W. Vi	irginia GNATURE 1 Å Krosen
	c. CITY OR TOWN (If outside corporate limits, write RURAL or STREET ADDRESS  d. STREET ADDRESS  317 Worton Rd.  Lost

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FENDING PAYSICIAN: The law requires that the deoth certificate be executed within 24 hours of

TO HOSPITAL OF

VS A15 (4) 15M 10/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

116548

18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSE (a)  DUE TO  Canditions, if any, which gave rise to immediate couse (a), stating the under-lying cause lost.  DUE TO  Lying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE  200. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Year Haur a. m. 19 While at work   all work		Reg. Dist. N	0.
RANGALISTOWN  RANGED FOR STITUTION SOR INSTITUTION SOR INSTITU	4		
OR INSTITUTION 3200 Offutt Road    3200 Offutt Road   3200 Offutt Road   3200 Offutt Road   3200 Offutt Road   3200 Offutt Road   3200 Offutt Road   3200 Offutt Road   3200 Offutt Road   4. DAT OF DECEASED   1. DATE OF BIRTH   1. DATE OF BIR		RURAL and give n	earest fawn)
S. NAME OF DECEASED   First   Middle   Lost   A. DATE OF DECEASED	ad		e. IS RESIDENCE ON A FARM? YES NO
S. SEX     6. COLOR OR RACE   7. MARRIED   NEVER MARRIED     B. DATE OF BIRTH     MIDOWED   DIVORCED   June 11, 1875			Day Year
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)   10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (State or foreign during most of working life, even if retired)   12   13   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   17. INFORMANT   18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]   18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]   19. ATT I. DEATH WAS CAUSED 8Y:   IMMEDIATE CAUSE (a)   ACUSE OF DEATH   10   10   10   10   10   10   10   1	9. AGE (In year last birthday) 83 yrs	IF UNDER I YEA	R IF UNDER 24 HRS
Elias Thomas  5. WAS DECEASED EVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  213-34-2899A Mrs. Anna I.  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED 8Y:  IMMEDIATE CAUSE (o)  DUE TO  Canditions, if any, which gave rise to immediate cause (a), stating the under-lying cause lost.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE  200. ACCIDENT WAS UNDERLYING (c)  200. ACCIDENT WAS UNDERLYING (d)  200. TIME OF INJURY Manth, Day, Year Hour a. m.  19. White Not white of work (d) work (	n country)		OF WHAT COUNT
(1)   (1)	L. McKne	ew	
IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gave rise to immediate cause (a), stating the under.  Lying cause (a), stating the under.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE  200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE  200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE  200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE  200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE  200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE  200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE  200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE  200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE  200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE  200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE  200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE  200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE  201. THE OF INJURY MAIN DISE  202. THE OF INJURY MAIN DISE  203. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE  204. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE  205. THE OF INJURY MAIN DISE  206. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE  207. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE  208. ACCIDENT WAS UNDERLYING OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBUTION OR CONTRIBU		ddress	ett Dood
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Not while at wark 19 w			
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While at wark 19		GIVEN IN PART 1(a)	PERFORMED?
21. I certify that I attended the deceased from 6/8, 1959, ta 6/8 alive on 6/8, 1959, and that death accurred at 1/3 m M, from ADDRESS SIGNATURE M.D. M.D.	Part II of item 18.)		
alive on	Lity or tawn)	(County	(State
NAME (Type) Morton J. Ellin, M.D. 7039 Liber	ram the causes (Street, city or town	and on the do	DATE SIGN
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOC REMOVAL (Specify)	CATION (City, town,		(State)
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VS A15 (4) 1SM 10/57

ARYLAND STATE DEPARTMEN	OF HEALTH—BALTIMORE,	18
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06550

6560 CERTIFICATE OF DEATH

Reg. Dist. No.

1	. PLACE OF DEATH o. COUNTY	Baltimore		MAR	YLAND	2. USUAL RES	Mary		b. COUNTY	on: Residence	e before adm	nission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Fort Howard  c. LENGTH OF STAY IN 1b  151 days					town (If ou	itside corporot	e limits, write R	URAL ond gi	ve nearest to	wn) 🗸	
	d. NAME OF HOSPIT OR INSTITUTION Veterans A	AL (If not in hospitol, g				d. STREET 330	ADDRESS E. 26tl	n Stree	et		e. IS R ON YES	ESIDENCE A FARM?
3	NAME OF DECEASED (Type or print)	KORNM	INN	Middle P.	T	OMLINSO!	ost N	4. DATE OF DEATH	Mor June		Day 14	Year 19 59
5	. sex	6. COLOR OR RACE	7. MARE	RIED NEVER MARRI		B. DATE OF BIR			AGE (In years lost birthday) 62 yrs.		YEAR IF UN Days Hour	
	Oa. USUAL OCCUPATION during most of work Railroad  3. FATHER'S NAME	ting lite, even if retired	)	rans portat		STRY 11. BIRTHI		r foreign cour Mary	atry)		S.A.	AT COUNTRY?
	William L	. Tomlinson	1				e Aylma					
15	5. WAS DECEASED EVE Yes, no. or unknown) Yes	R IN U. S. ARMED FOR (If yes, give wor or dates of s WW I	ervice)	18-09-8738		inical	Rec. V	A Hospi	tal. Ft		ard. M	d.
		TH (Enter only one co TH WAS CAUSED 8Y: IMMEDIATE CAUSE (o		ne for (o), (b), ond (c).  CARCINOM		IS					INTERVAL ONSET AN UNK	ID DEATH
	Conditions, if or gave rise to it couse (a), stoting lying cause last.	mmediate (	)	CANCER O	F LU	NG					unkı	nown
CEPTIEICATION	PART II. OTH	HER SIGNIFICANT CON	DITIONS	ESS. VAS				IAL DISEASE C	ONDITION GIV	EN IN PART	PERI	S AUTOPSY FORMED?
		S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter nature	of injury in Po	ort I or Port II	of item 18.)			
MEDICAL	Hour a.m.	Y Month, Doy, Yes	20d. It While of work	NJURY OCCURRED  Not while of work	20e. PL fo	ACE OF INJURY ctory, street, offic	(Home, form, ce bldg., etc.)	20f. (City or	town)	(Co	ounty)	(Slote)
	ACTUAL SIGNATURE	all Mattended the	decease	ed from Janua	death	A 19 5 accurred at	.6:30A	M, fram 1	he causes o	and on the state)	e date sta	ited abave. DATE SIGNED
27	PHYSICIAN'S NAME (Type) HI	RAM B. CUR		M.D.					Howard			
	Burial (Specify)	6-17-3	59	22c. NAME OF CEM Baltimor					N (City, town, o			ate)
23	Um Cool	S SIGNATURE B-Blight	t and	ADDRESS 6009 H	arlo	rd Rd	240. REC'D	BY REGISTRA	R 24b. REGIS	TRAR'S SIGN	NATURE	
W	M. COOK-BLI	GHT TAC.	6009	HARFORD RI	D BA	T.TO MD				-		

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# FOR STATE HEALTH DEPT.

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or. Page our files. of Health,

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 6561 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

116551

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Bal.	(LAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE  b. COUNTY								
	(If outside corporate limits, write	IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
			Baltimor	e		3V01	-4-			
d. NAME OF HOSP	ital or institution (i		ital, give street addres	95)	5307 St.	s Alban	s Way			ON A FARM?
3. NAME OF DECEASED (Type or print)	Fin R.	of	Middle KENT	TON	GUE, Jr.	4. DATE OF DEATH		Month June	Doy	Yeor 19 59
5. SEX		7. MARRIED	NEVER MARRIE		ATE OF BIRTH		9. AGE (In	years IFUN	DER TYEAR	
male	white	WIDOWED	DIVORCED	DD	ad la 707	A	foot birthd	yrs. Mon	ths Doys	Hours Min.
100. USUAL OCCUPAT during most of work Orthodon	ION (Give kind of work ing life, even if retired)	dane 10b. KII	ND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (SI	ote ar foreign	country)	12	. CITIZEN O	F WHAT COUNTRY?
13. FATHER'S NAME				1	4. MOTHER'S MAIDE	N NAME				
Raymond I	. Tongue				Lena N.	Tongu	A			
	VER IN U. S. ARMED FO		OCIAL SECURITY NO.	17. INF	DRMANT			Address		
ves	Wrold War			M	rs. Barbar	a E. T	ongue-	5307 S	t. All	bans Way
Conditions, if gove rise to imm (o), stoling the couse lost.	ediote couse		NTRIBUTING TO DEAT	TH BUT NO	T RELATED TO THE TE	RMINAL DISEA	ASE CONDITION	ON GIVEN IN	L PART I(o)	19. WAS AUTOPSY PERFORMED?
PART II. O	AUGE WAS	A DESCRIPT	HOW IN HURY OCCUM	DDEO (F.			0.65. 10			YES NO
	ONTRIBUTING D	O. DESCRIBE	HOW INJURY OCCUI	KKED. (ENI	er notuse at injury in	rati i or rati	II ot Hem It.	,		
20c. TIME OF INJ Hour o. m p. m		20d. IN While of work	Not while	factory	OF INJURY (Home, f , street, office bldg.,	form, 20f. (C	ity or town)		(County)	(Stale)
21. I certify	that I took charge	of the re	emains describe	d abave	, held an Auto	psy .	Inspection	n 🗇 In	quiry [	, and in my
ACTUAL SIGNATURE EXAMINER'S NAME (Type)	resulted fram: 1	Natural co	Down	101	Suicide [],  A.D. CHIEF MEDICAL  ASSISTANT MEDICAL  DEPUTY MEDICAL	L EXAMINER (	JER .	Indetermin	ed mann	DATE SIGNED
220. BURIAL, CREMAT REMOVAL (Special		OF 2	77c. NAME OF CEMET					fown, or cou	inly)	(State)
Burial 23. EUNERAL DIRECTS	PR'S SIGNATURE	er V	Appress Amus-	Ral	A 240. R	JUN 15		. REGISTRAR		
1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		/4/	-	the			Course	A True	14
Jun. 7	· sem	y v	Hour-	wae	THE DATE		39	Cirthag	8 Km	4

TO DEPUTY MED' AL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is nerve execute the central of the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral of a should be farwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board ar its designated agent, prior to burial, cremation, ar remayer, and in any event within 72 hours after death. VS. A15ME 5M 2/57

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# HEALTH DEPT

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ory, please TO DEPUTY MEC. 1. EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is new sarry, please execute the central discovery pending" in pending in tem, 18. Give Pages 1, 2, and 3 to the funeral discovery Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or remarkal, and in any event within 72 hours after death.

# VS. AISME 5M 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 6563

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

06553

	reg, bis. ivo.
I. PLACE OF DEATH  o. COUNTY  Baltimore  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTYBaltimore
b. CITY OR TOWN (If autside corporate limits, write RURAL   C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lawn)
Back River Neck(Rural) 40 vrs	511 FLICK
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?  287 VANDERMAST LANE YES NO
3. NAME OF DECEASED (Type or print) ERNEST W. VANDERM	957 SR DEATH 6 SDay Year 1959
M WIDOWED DIVORCED	8. DATE OF BIRTH.  9. AGE (In years logs birthday)  yrs.  9. AGE (In years lif UNDER 14EAR IF UNDER 24 HRS.  Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done of the street of the stree	Md.
PRIVALD & VANDERMAST	ELIZABETH HERR
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address
18. CAUSE OF DEATH [Enter only one couse por line for (a), (b), and (c).]  PART 1, DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gove rise to immediate cause (a), stalling the underlying couse last.	Occlusion interval Between ONSET AND DEATH  1 Minute
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IT  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NOT SELECTION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour a. m. p. m. 19 White Not while of work of wark	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) lary, street, affice bldg., etc.)
21. I certify that Thook charge of the remains described oba opinion death resulted from: Notural couses . Accident    ACTUAL SIGNATURE ACCIDENT.	. Suicide . Homicide . Undetermined monner .  DATE SIGNED
EXAMINER'S TACK @ COLLINS	ASSISTANT MEDICAL EXAMINER D  DEPUTY MEDICAL EXAMINER D
220. BURIAL, CREMATION, 27b. DATE THEREOF 22c. NAME OF CEMETERY OR PROPERTY OF COMMENTS OF CEMETERY OF	CREMATORY DORSET MA (State)
23. FUNERAL DIRECTOR'S SIGNAURY ADDRESS ADDRESS WAS BURNEY (DE	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  OATHUR S. Kraus

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft

TO HOSPITAL OR FINDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft in the page 4 may be retained or the hospital ar attending physician.

To HOSPITAL OR THE HOSPITAL OR After this certificate has been signed by the attending physician and campletely filled in by the forest director, or to FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the filed with page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death.

oth. Page 4

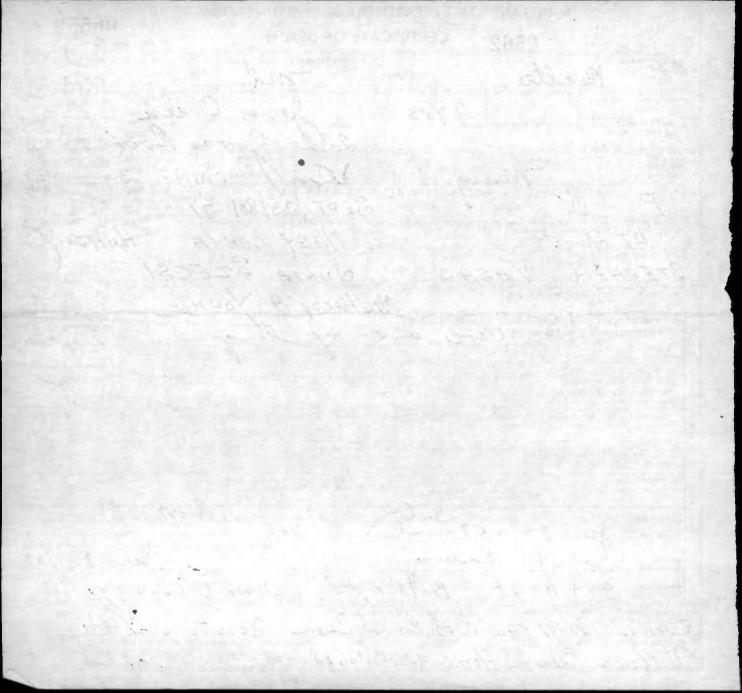
# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1 teml FilmG244 7/8/59 cap CERTIFICATE OF DEATH

06552

6562

Reg. Dist. No.

o. COUNTY Balto	MARYLAND	2. USUAL RESIDENCE (Where deceased lived o. STATE	d. If institution: Residence before admission) b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate I	imits, write RURAL and give nearest town)
Edgemere	7400	X Jones C	rech
d. NAME OF HÖSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET MODRESS	e. IS RESIDENCE ON A FARM? YES NO
Private Home		Lasto gro-	to 1000 I ISO NOU
3. NAME OF DECEASED (Type or print)	Middle	DATE OF DEATH	Month Day Yeor 11 NF 30 19 59
S. SEX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH 9. AG	GE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
/ W WIDOW	ED DIVORCED	OFPT 123/88/	st birthdoy) Months Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if refired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	114411
STEPHEN VA.	SAS	JULIA SZ	ECS1
	SOCIAL SECURITY NO.	NFORMANT	Address
(Yes, no, ar unknown) [If yes, give war or dates af service)	11/2	stare/A You	NE
1B. CAUSE OF DEATH [Enter only one couse per ]	ine for (a) (b) and (c) ]	STILL OF THE	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ite for (o), (o), and (c).	0	ONSET AND DEATH
IMMEDIATE CAUSE (o)	orten one	- of long	Lycien
165 X DUE TO		0	1
Conditions, if ony, which ) (b)			
gove rise to immediate			
couse (o), storing the under-			THE PARTY OF THE P
lying couse lost. (c)			
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE COL	NDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
8			YES NO
206. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Part I or Port II of	item 1B.)
Z 20c. TIME OF INJURY Month, Doy, Year 20d, I	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or to	own) (County) (Stote)
Hour o. m. 19 While of wor	Not while for	ctory, street, office bldg., etc.)	(2001)
21. I certify that I attended the decease	sed from July	1 . 1957 to Scene 3	1957, that I last saw the deceased
	-9 // //	474//	
alive an 19	2_/_, and that death		causes and an the date stated above.
1 1	0	ADDRESS (Street,	city or town, state)  DATE SIGNED
SIGNATURE OM.	- way	M.D	June 50, 1/3/
1 1 1 1 1	2 1.1	0 4. 1	A D
PHYSICIAN'S NAME (Type) 9/14 ) It	y Balt (	7 Mg John 1	) Con w 24, 11.0.
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION	(City, town, or courty) (Stote)
1CEMOVIL 6/20/ 54	Kichlan	1 Cem geni	tourn Na
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'D BY REGISTRAR	24b. REGISTRAR'S SIGNATURE
(11 March Franch	Unage, 42105	Delair to DATE THY 6 '59	Orthur & Krauk
1 Ulatile I Agree 10 1	101740 7001010	LELY TO DAIL JUL P 22	Cityshull a Thank



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VS A15 (4) 1SM 10/57

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

06554

**CERTIFICATE OF DEATH** 6564

Reg.	Dist.	No	

1. PLACE OF DEATH a. COUNTY B	altimo re		MARYL	AND	2. USUAL RESIDENCE (W o. STATE Maryla		lived. If institut b. COUNTY		ce before oc	dmissian)
B. CITY OR TOWN ( RURAL and give of Cat onsvil	If autside carporate limi earest tawn) LO	its, write	c. LENGTH OF STAY II		c. CITY OR TOWN (IF		rate limits, write l	RURAL and	give nearest	town)
d. NAME OF HOSPI OR INSTITUTION SPRING	GROVE STA	TE F			d. STREET ADDRESS	ett Av	enue		0	RESIDENCE IN A FARM?
3. NAME OF DECEASED (Type ar print)	Fii Gar	nett	Middle Haucke		Vines	4. DATE OF DEATH	Mai	ith Tune	Doy 26	Year 19 59
female	6. COLOR OR RACE	7. MARR	NEVER MARRIED DIVORCED	_	8. DATE OF BIRTH Aug. 15, 188		9. AGE (In years last birthday) 78 yrs.	IF UNDER Manths	1 YEAR IF U	NDER 24 HRS ours Min.
10a. USUAL OCCUPATION during most of wor housewit	king life, even it refired	dane 10b.	KIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (STORE KONTUC	ar foreign co	ountry)		S. A.	HAT COUNTRY?
Albert Hu	de				Leona St					
15. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. II	FORMANT	uati 6	Add	Iress		
Jnknown	[If yes, give wor or dates of s		Inknown	Rec	ords: SPRING	GROV	E STATE	HOS	PITAL	
Canditions, if a gave rise ta i cause (a), stoting lying cause last.	ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (or DUE TO  ny, which mmediate the under- (c)	Art			cardiovascul			VEN IN PART	ONSET A	RFORMED?
	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRISE HOW INJURY OC	CURREC	). (Enter nature of injury in	Port I ar Part	II of item 18.)		1123	□ NOZ
20c. TIME OF INJUR Haur a. m. p. m.	Y Month, Day, Yes	While	NJURY OCCURRED Nat while at wark	20e. PLA foc	CE OF INJURY (Hame, farr tary, street, affice bldg., etc	m, 20f. (City	or tawn)	(0	County)	(State)
actual SIGNATURE	ine 26	19 S	22, and that a		occurred of 2:05  A.D. SPRING G  Catonsvil	QM, from ADDRESS (SIGNATURE) ROVE	the causes of reet, city or town, STATE H	and on the state) IOSPIT	ne date s	
22a. BURIAL, CREMATIO REMOVAL (Specify)	6/29/59	)F	22c. NAME OF CEMET Maysvi]			22d. LOCAT	ION (City. town, ysville	ar caunty)	(	State)
23. FUNERAL DIRECTOR William J	s signature • Tickner	& Son	ADDRESS N. & Pa.	Ba	lto 17 Md J	UN 2 9 '5	RAR 24b. REGI	strar's significant S.		

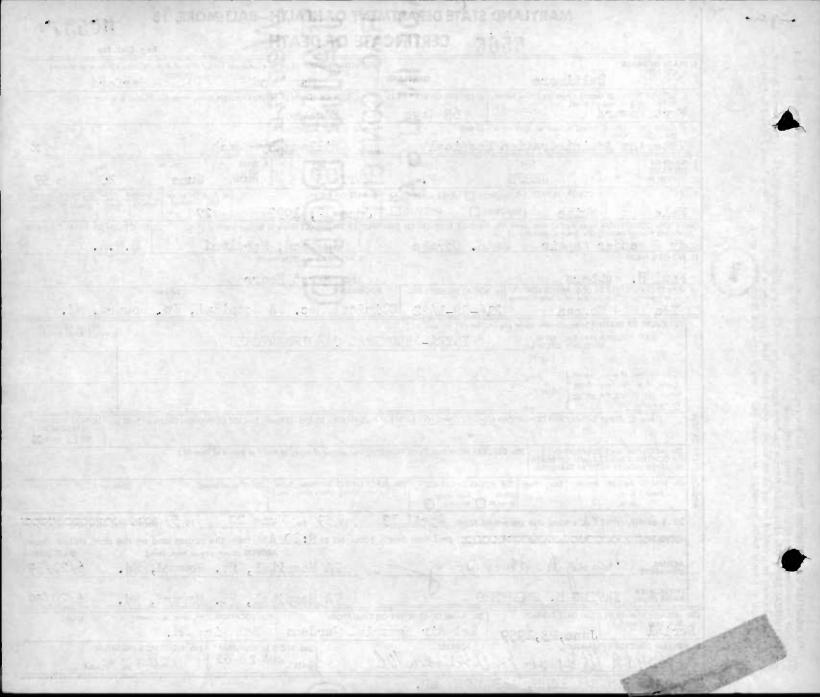
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ST-STOMPTON STATE AND TO THE STATE OF THE PERSON. HYASO TO STADISTICATE OF DEATH The state of the second was a second of the A STATE OF THE STA The state of the s THE WORL STREET, THE PARTY OF T Carrier of a final way o new order Seemberry Tell and the stand 

ABINGDON, MD.



Baltimore. Md

06x - 2

e. IS RESIDENCE

ON A FARM?

YES NO NO

Yeor

Reg. Dist. No.

Worcester

19 59 9. AGE (In years last birthday) IF UNDER I YEAR IF UNDER 24 HRS Months Doys Hours 12. CITIZEN OF WHAT COUNTRY Scottdale, Pennsylvania II. S. A. INTERVAL BETWEEN ONSET AND DEATH MONTH UNKNOWN PERFORMED? YES NO (County) (Stote) , 1959, to June 7 , 1959 MAKKIN XXXXXXXXXXXXX ADDRESS (Street, city or town, stote) DATE SIGNED M.D. VAH. FORT HOWARD, MARYLAND 22d. LOCATION (City, town, or county) (State) Maryland Osthur & Kraus Walter Dabrowski Funeral Home 1001A Dundalk Ave DATE MIN 9

VS A15 (4) 15M 10/57

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CONTROL ON THE PROPERTY OF THE Control of the state of the sta

death; Page 4

TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

6568 **CERTIFICATE OF DEATH** 

Reg. Dist. No.

06559

1. PLACE OF DEATH  o. COUNTY BALTO, MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) o. STATE b. COUNTY B ALV
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  52 CATOMS INLE
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 30 STAACKLERY ALL	d. STREET ADDRESS  1 3 0 TH ACK CRY AUS- YES NO
3. NAME OF First Middle DECEASED (Type or print)  PERCIVAL  Middle	Lost 4. DATE Month Doy Year OF DEATH JUNE 7 1959
5. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF BIRTH  NOV 25, 1889  9. AGE (In yeors lift UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  REALTOR  PROP REP	
13. FATHER'S NAME DORRIS WHIPPLE	14. MOTHER'S MAIDEN NAME  LOULSE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. III	1
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gove rise to immediate couse (a), stating the under:  lying couse last.  [b]  DUE TO  (c)  OTHERS  (c)	reumonia interval setween onset and death onse
ICAR	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?  "YES NO
	D. (Enter nature of injury in Port I or Port II of item 18.)
	ACE OF INJURY (Home, form, Corry, street, office bldg., etc.) (City or town) (Caunty) (State)
21. I certify that I attended the deceased fram august alive on June 4 , 19 59, and that death actual signature Total signature FHYSICIAN'S We the volce FOR	ADDRESS (Street, city or town, store)  M.D. 6 Dutter ave. Back.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE Home ADDRESS (Charles)	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATEJUN 1 5 '59 Carling & Kraus

TO HOSPITAL OF VS A15 (4) 15M 9/55 - State of the second s

1 1	8		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	6560
FOR STA	TE		6569 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist	t. No.
HEALTH DE	PT.	1. P	LACE OF DEATH COUNTY  ARYLAND  2. USUAL RESIDENCE (Where deceased lived. If institution Residence of STATE of COUNTY)  b. COUNTY	ce before admission)
or files.	M )	b.	CITY OR TOWN (If outside corporate limits, write RURAL ond good give segrest lown)  C. CITY OR TOWN (If outside corporate limits, write RURAL ond good give segrest lown)	give nearest town)
for you	V	d.	NAME OF HOSPITAL OR INSTITUTION UF not in hospital, give steet address)  d. STREET ADDRESS  2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	e. IS RESIDENCE ON A FARM?
uneral tained stote B eath.		3. N	IAME OF First Middle Lost 4. DATE Month OF	YES NO Day Year
be reformed the formal offer d			Type or print) The both Chustine White DEATH Save IF UNDER 19. ASK (In yours IF UNDER 19.	
5 may 5 may 2 with		100	SIJAL OCCUPATION (Give hind of work done 10h KIND OF RUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZI	en OS WHAT COUNTRY?
Poge 72	)	d	Franching life, even if religed) af Home Balto City Il	Sa
Pages PM3. poges		13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME Theis	
Give h form File my eve		15.  Yes.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 NFORMANT (If yes, give war or doles of service)	an
m 18. permit			18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]  PART I, DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
ice ale			420.1 IMMEDIATE CAUSE (o)  DUE TO  The	
pencil pris Off or rem			Conditions, if ony, which gove rise to immediate couse to), stoting the underlying DUE TO	
ng' in comine as a b		Z.	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY
pendi icol Exi icol Exi ersed cremo	0	FICATIC	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.)	YES NO NO
f Med word '		L CERTIFIC	PRIMARY   or CONTRIBUTING   CAUSE OF DEATH.	
e Chie		MEDICAL	20c, TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.)    Post	nty) (Stale)
Maritim Page			21. I certify that I took charge of the remains described obave, held an Autopsy Inspection / Inquiry	-
arded ECTOR d ogen			apinian deoth resulted from: Notural causes [], Accident [], Suicide [], Homicide [], Undetermined m	DATE SIGNED
te the ce uld be farwo IERAL DIREC designated	<i>b</i> 1		SIGNATURE M.D. CHIEF MEDICAL EXAMINER []	10-19
hould the bould UNERA	2	220	EXAMINER'S G-C-O, S, M. C. C. T. T. M. C. C. T. M. C. C. MANE (Type)  BURIAL, CREMATION, 1296. DATE THEREOF   22c-Name OF CEMETERY OF CREMATORY /   22d. LOCATION (City Jown, or county)	(State)
5 4 0 0 v	4	1	SEMOVAL (Specify) June 20 59 Woodlaw Jacks Co Funeral Director's Stonature (ADDRESS) 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGN	and NATURE
5. A15ME 5M 2/57	2	X	The North American	FrauA
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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 6405

Rea Dist No.

06561

	Neg. Dist. No.										
1. PLACE OF DEATH o. COUNTY Ba	lto.		MARYL		O. STATE	(Where deceo	sed lived. If insti b. COUN	tution: Resid	lence befor	re admiss	ion)
b. CITY OR TOWN RURAL and give r		its, write	c. LENGTH OF STAY	N 1b	c. CITY OR TOWN		porote limits, writ	e RURAL on	d give neo	orest town	)
OR INSTITUTION	reystone Rd		oddress)		d. STREET ADDRESS		tone Rd	•			IDENCE FARM? NO
3. NAME OF DECEASED (Type or print)	IULA		Middle R.		HITE Lost	4. DATE OF DEAT	н	June	13,		reor 19 59
5. SEX female	white	WIDOWI	Later -	D S	ept. 11, 1	-		y) Months		Hours Hours	R 24 HRS. Min.
Housewil	ON (Give kind of work rking life, even if retired	done 10b.	at home	INDUSTRY	11. BIRTHPLACE (SI	ote or foreign	country)	12. 0	ITIZEN O	F WHAT	COUNTRY
13. FATHER'S NAME					4. MOTHER'S MAIDE	N NAME					
George B	rown				Marg	garet S	Salmon				- '
15. WAS DECEASED EVI	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFO	RMANT		-	Address Ba	Ito.	27,	Md.
<b>•</b>	(ii yes, give wor or occessor s	er nice,		Mr	s. Dorothy	H. Th	nomas -	1239	revs	tone	Rd.
	ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (o	a	ne for (o), (b), and (c).	ten	orhas	·			INTE	RVAL BE	TWEEN DEATH
Conditions, if a	immediate (	Chr.	Hyperlinsi	en Ca	rdis-Vase	tulas 9	Sipers	4		103	n'
lying couse lost.	(c	)	ONTRIBUTING TO DEAT	AL PUT NO	T DELLA TED TO THE TE						
CATI									ART 1(o) 11	PERFOI YES	NO A
	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (I	inter noture of injury	in Port I or Po	ort It of item 18.)				
20c. TIME OF INJUIT Hour o. m. p. m.	RY Month, Day, Yes	20d. It While of work	Not while	Oe. PLACE factory	OF INJURY (Home, for, street, office bldg.,	orm, 20f. (Ci	ity or town)		(County)		(Stote)
21. I certify the olive on	that I attended the 6-12-	decease , 19 d	ed from 3 2, and that a	-12 leoth od M.D	., 1930, to curred of 209 j	M, fro	13-, 19- om the couse (Street, city or to	s ond on	l last sa the dot	e stote	deceased d above TE SIGNED
PHYSICIAN'S NAME (Type)	bner K.	Bal	lager		Baltin	nst.	28,7m	d.			
220. BURIAL, CREMATIC REMOVAL (Specify) BURIAL	6/16/59	) }	Loudon	-			ATION (City. 10w		)	(Stote	)
23 FUNERAL DIRECTOR	'S SUCH ATURE	er	Hous-	Da	240. RI DATE	JUN 1		GISTRAR'S S	IGNATUR		
V					Mix					1044	

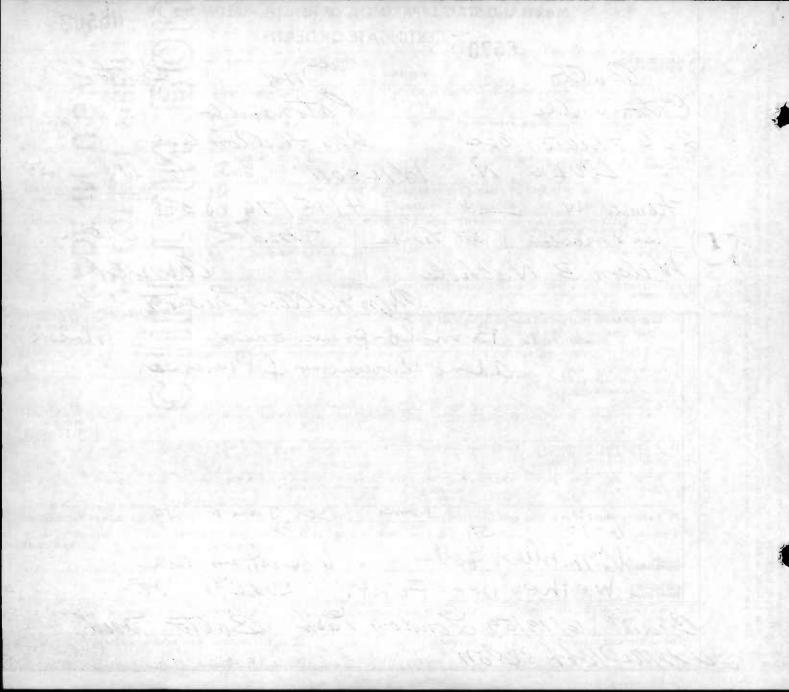
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VS A1S (4) 1SM 9/SB

06562

CERTIFICATÉ OF DEATH

	6570	LERTIFICA	IE OF DEATH	2000	Reg.	Dist. No.		
1.	PLACE OF DEATH o. COUNTY Butto	MARYLAND	2. USUAL RESIDENCE (Who		If institution: Res	idence before a	dmissian)	
	b. CATY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	OF STAY IN 16	c. CITY OR TOWN (IF or	otside corporate lin	its, write RURAL o	and give nearest	town)	
0	d. NAME OF HOSPITAL (If not in haspital, give street oddress) OR INSUTUTION OF Matter August 1		206 H	Clon	ane.	(	RESIDENCE ON A FARM?	
3.	NAME OF DECEASED (Type or print) LULU N.	Middle //L	SON	4. DATE OF DEATH	6 Manth	Day	1959	
S	SEX 6. COLOR OR RACE 7. MARRIED NEW WIDOWED 1	ZER MARRIED B.	DATE OF BIRTH		birthdoy) Mont	DER 1 YEAR IF L	JNDER 24 HRS. Durs Min.	
10	da. USUAL OCCUPATION (Give kind af wark done 10b. KIND OF BI during most of warking life, even if retired)	Lone	RY 11. BIRTHPLACE (Stote of	or foreign country)	12.	CITIZEN OF WH	AT COUNTRY?	
T.	Wilson B. Nichor	la-	14. MOTHER'S MAIDEN N	AME C	arn	ld		
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SEC (es, no, or unknown) (If yes, give wor or dates of service)	CURITY NO. IN	Meller	o ne	Address	0.2		
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Canditions, if ony, which gove rise to immediate cause (o), stating the under- lying cause last.  (c)	o), and (gr)	preumo of	Pun	year	INTERVA ONSET	AL BETWEEN AND DEATH	
CEDTIESCATION	PART II. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTI</u>	NG TO DEATH BUT N	NOT RELATED TO THE TERMIN	nal disease con	DITION GIVEN IN	PI	VAS AUTOPSY ERFORMED? S NO	
		INJURY OCCURRED.	(Enter nature of injury in P	ort I or Part II of i	tem 1B.)			
MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 20d. INJURY OCC While Not wark of wark of wark	hile focto	CE OF INJURY (Home, form, ory, street, office bldg., etc.	20f. (City or tov	rn)	(County)	(Stote)	
1	21. I certify that I attended the deceased from June 1932 to June 1959 that I last sow the deceased alive on 6-10 1959, and that death occurred at 33 M, from the couses and on the date stated abave.  ACTUAL SIGNATURE WE THEY DEE FORT: BALTO. 78-  PHYSICIAN'S WE THEY DEE FORT: BALTO. 78-							
2	Removal (Specify Collaboration) 22b. Date thereof 22conam	E OF CEMETERY OR	CREMATORY	22d. LOCATION (	Lity, town, or coun	and.	(Stote)	
23	JUNERAL DIRECTOR'S SIGNATURE ADDR	ESS		BY REGISTRAR	24b. REGISTRAR'S			



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SEED MAINTENANCE OF THE OWNER, THE STREET	E AMON TO THE COLOR	STREET, SALE	
			The Lease
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TENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of

death. Page 4

VS A15 (4) 15M 9/55

00/	/			Reg. Dist. P	No.
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (W	Viere deceased lived. If insti and b. COUN	itution: Residence be	efore odmission) more
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Sparks,	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (IF	outside corporate limits, writ	le RURAL and give	neorest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION  York Rd.	oddress)	d. STREET ADDRESS York	Rd.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Charles Her	Middle ory Wirtz	last	OF .	Month .6-59	Doy Yeor
5. SEX   6. COLOR OR RACE   7. MARRI   WIDOWE	D DIVORCED	B. DATE OF BIRTH 4-16-1876		ors IF UNDER I YE. y) Months Day yrs.	AR IF UNDER 24 HRS. s Hours Min.
	KIND OF BUSINESS OR INDU	Maryla	nd		S . A .
13. FATHER'S NAME  David Wirtz		14. MOTHER'S MAIDEN	Walker		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no, or unknown) (If yes, give war or dates of service) 214	4-20-4742	Willis W.	Wirtz, Spar	ks, Md.	
Conditions, if any, which gove rise to immediate couse (a), stating the under-lying cause last.  DUE TO  (c)	rebral vescula terio cardia-v	escular dises		0	NTERVAL BETWEEN NSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	ONTRIBUTING TO DEATH BUT				19. WAS AUTOPSY PERFORMED? YES NO
	UURY OCCURRED  Not while for at work   d from. b - f D	ACE OF INJURY (Home, for ctory, street, office bldg., et	m, 20f. (City or town)	(Count	(Stote)
actual SIGNATURE C. ) Leubert Signature  PHYSICIAN'S NAME (Type) C. Herbert Signature	Muelle y	M.D. York Rd.	ADDRESS (Street, city or town Paristion	s and an the co	DATE SIGNI
220. BURIAL, CREMATION, 226. DATE THEREOF BURIAL Specify) 6-19-59	22c. NAME OF CEMETERY OF JESSOPS ME			ld.	(State)
23. FUNERAL DIRECTOR'S SIGNATURE Brooks Funeral Service	, Towson 4	MA		Calling S. K	

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equatifes -		alyzat		91	Dolling	
		EXangi	9721		· Alti	ngë i
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## VS. A15ME(5) 5M 9/55

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CETO MEDICAL EXAMINER'S CERTIFICATE OF DEATH

0651	55
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	03/3							Reg.	Dist. N	0.	
1. PLACE OF DEATH	Baltimore (	County	MARYLAI		o. STATE rylan		sed lived. If institu b. COUNT		idence be	efore adm	nission)
b. CITY OR TOWN (I and give nearest town	f outside corporate limits, write n)	RURAL C.	LENGTH OF STAY IN	16	c. CITY OR TOWN (  Baltimo	If outside cor	rporote limits, write	RURAL o	nd give	nearest to	own)
	Tairview Av		l, give street address)		d. STREET ADDRESS	view	Avenue			ON	A FARM?
3. NAME OF DECEASED	Fin	19	Middle	4.4	Lost	4. DATE	Mont	h	Day	,	Year
(Type or print)	Els		UU	2	NER	DEATH	JUN		7		1959
5. SEX	6. COLOR OR RACE		NEVER MARRIED	-	0 -		9. AGE (In years last birthday)	Months	R TYEAR Days	Hours	Min.
Female	White	WIDOWED			une 20,187		81 yrs.	11			
during most of working	ON (Give kind of work ong life, even if retired)			JUSTRY	~		country)	12. CI	~		COUNTRY?
(ret'd)	Cailor	Self	employed	I.	Germany				Ger	rman;	У
	,	771 . 7 .		1	4. MOTHER'S MAIDEN	NAME					
	inknown) Er in u. s. Armed foi	Philip		10156	Unknoen						
(Yes, no, or unknown)	If yes, give wer or dates of		A H Whating				Address		U.	ת דו	3
*				Inor	mas J. Nee	enan, Z	/ West C	eaar			oad
	18. CAUSE OF DEATH [Enter only one course per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:										
7AKT 1. DEA	IMMEDIATE CAUSE (0)	Lar	nory @	cci	eusin						
400,1	4 do. / DUE TO										
	Conditions, if ony, which (b)										
	gove rise to immediate couse (a), stating the underlying DUE TO										
couse lost.	couse lost. (c)										
PART II. OTE	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO METERS										
	USE WAS NTRIBUTING   201	b. DESCRIBE HO	OW INJURY OCCURRED	). (Ente	r noture of injury in Po	ort I or Port II	l of item 18.)	A.			
20c. TIME OF INJU Hour a. m. p. m.	RY Month, Day, Yea	while of work	_ Not while	PLACE factory,	OF INJURY (Home, for street, office bidg., etc.	m, 20f. (Cit	y or town)	(C	County)		(Stote)
21. I certify th	21. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that										
	death resulted from: Notural causes X, Accident \( \), Suicide \( \), Homicide \( \), Undetermined couse \( \).										
	1 11 11/1	111									
ACTUAL											
EXAMINER'S	JACK C	Call	000	~	ASSISTANT MEDIC		_		(	1-7	1-59
NAME (Type)	ON, 22b. DATE THEREO	E 220	NAME OF CEMETERY	02 (2	DEPUTY MEDICAL		TION (City, town,	as court.	1	154-1	
REMOVAL (Specify)	6-10-59		Mt. CArme				ltimore			(Stol	el.
23. FUNERAL DIRECTOR		a. 5	ADDRESS		24a. REC	D BY REGIS					
Mm. Cook,	Inc., 1217	St. Pa	ul Street		DATE J	UN 9	59 a	rthur .	8. The	MA	

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		OF THE REAL PROPERTY.		
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Anna Carlotte Comment of the Comment				Marie

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VS A15 (4) 15M 9/55 N

Reg. Dist. No.

1	PLACE OF DEATH a. COUNTY D 11	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)							
	BALTIMORE MARYLAND	O. STATE MARYLAND b. COUNTY BAITIMORE							
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
L	RURAL - WOODLAWN ZHYEARS	X RURAL -WOODLAWN							
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?							
L	6,700 WINDSOR MILL FA	6700 WINDSOR MILL RE YES NO DE							
3	NAME OF First Middle DECEASED	Lost 4. DATE Month Day Year							
	(Type or print) PHILIP FIELDS L	IMMERINAN DEATH 6 17 19.39							
5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.							
	MIDOWED DIVORCED	TR NURRY 9, 1880 19 yrs. Months Days Hours Min.							
10	0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
6	SOMMESIAN MERCHANT COMMISSION MERCI	MARYLAND V.S.A.							
1;	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	WILLIAM E. ZIMERMAN	MARTHA STEELE							
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address							
L	NO - 45-24-8952 5/3	STER-MRS LOGS 6704 WINDSOR MILL RAIBALTI							
Г	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN							
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) REMIN.	ONSET AND DEATH							
L	442X DUE TO								
	Conditions, if any, which ) (b) HYPERTENS	THE GARDIO WASCULAR RENAL DISERSE TO YEARS.							
F	gove rise to immediate couse (a), stating the under-								
L	lying couse last. (c)								
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?							
13	3	YES NO							
MOLE A TION	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRING OR CONTRIBUTING CAUSE OF DEATH	ED. (Enter nature of injury in Port I or Part 11 of item 18.)							
1 S		LACE OF INJURY (Home, farm, 20f. (City or tawn) (County) (State) potary, street, office bldg., etc.)							
ME	Hour a. jt.  p. m.  19 While Not while at work at work								
ı	21. I certify that I attended the deceased from SANUAR	$V15$ , 19 $\overline{19}$ , to $\overline{VNE}$ $\overline{17}$ , 19 $\overline{9}$ , that I last saw the deceased							
ı	alive on FUNE 16, 19 59, and that deat	h occurred at Line AM, from the causes and on the date stated above.							
Г	0. 110.	ADDRESS (Street, city or town, state)  DATE SIGNED							
П	SIGNATURE Them Hurband	MD. 8204 LIBERTY RA BALTOD MA GINIES							
1	PHYSICIAN'S IS ALLIAN I PURPOSITION								
L	NAME (Type) E) WIN L. PIERPONT, M.D.								
2	20. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY	DR CREMATORY / 22d LOCATION (City, town, or county) (Stote)							
L	(Sweety) June no 1959 her Olive	(sur Vandalls town Gatto to hid							
2	3. EUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE							
6	Hullis Lamoreau, 1003 N Hala	CUSTE X DATEUN 22'59 Coiling & Known							
-									